

Department of Mathematics

B.S. with Distinction

Tracking Form

Please fill out Part I and return to the Undergraduate Director/Program Administrator (LeConte 413) for approval and addition to your file. This form should be started one year (2 semesters) before graduation.

PART I	Name _____		Student # XXX-XX-_____		
	Track: <input type="checkbox"/> Actuarial <input type="checkbox"/> Applied <input type="checkbox"/> Education <input type="checkbox"/> General		<input type="checkbox"/> Honors College		
	Cognate/Minor/Second Major _____				
	Thesis Title (tentative) _____				
	Date Filed _____		Expected Graduation Date _____		
	Thesis Advisor Printed _____		Thesis Committee Member Printed _____		Thesis Committee Member Printed _____
Approval Date _____		Thesis Advisor's Signature _____		Undergraduate Director _____	

PART II	Required 500-Level Math Courses (8 required)	Semester _____ / Course _____ / Grade _____ / Instructor _____	Semester _____ / Course _____ / Grade _____ / Instructor _____
		Semester _____ / Course _____ / Grade _____ / Instructor _____	Semester _____ / Course _____ / Grade _____ / Instructor _____
		Semester _____ / Course _____ / Grade _____ / Instructor _____	Semester _____ / Course _____ / Grade _____ / Instructor _____
		Semester _____ / Course _____ / Grade _____ / Instructor _____	Semester _____ / Course _____ / Grade _____ / Instructor _____
	Additional 500-Level Math Courses (4 required)	Semester _____ / Course _____ / Grade _____ / Instructor _____	Semester _____ / Course _____ / Grade _____ / Instructor _____
		Semester _____ / Course _____ / Grade _____ / Instructor _____	Semester _____ / Course _____ / Grade _____ / Instructor _____
		Semester _____ / Course _____ / Grade _____ / Instructor _____	Semester _____ / Course _____ / Grade _____ / Instructor _____
		Semester _____ / Course _____ / Grade _____ / Instructor _____	Semester _____ / Course _____ / Grade _____ / Instructor _____
	Math 499 (3 hours required)	Semester _____ / Hours _____ / Instructor _____	Semester _____ / Hours _____ / Instructor _____
		Semester _____ / Hours _____ / Instructor _____	Semester _____ / Hours _____ / Instructor _____

PART III	Defense Date _____	Overall GPA _____ (3.3 minimum)	Math GPA _____ (3.6 minimum)
	Thesis Advisor's Signature _____	Thesis Committee Member Signature _____	Thesis Committee Member Signature _____

Upon completion of Parts II and III, a copy of this form will be sent to the Dean's Office of the College of Arts and Sciences as documentation that all requirements for the B.S. with Distinction in Mathematics have been completed.

Date sent to Dean's Office _____ Mathematics Undergraduate Director _____