Name: ____________________________ Student ID Number: ____________________________

Email: ____________________________ Phone: ____________________________ Proposed Degree Conferral (Qtr/Yr): ____________________________

Are you an international student? __________

Other Stanford degree programs currently in progress:
Department: ____________________________ Degree: ____________________________ Coterm? __________

For complete description of program requirements visit: https://statistics.stanford.edu/academics/ms-statistics

REQUIRED COURSES
Statistics Core Courses* (4):
116 Theory of Probability
217 Stochastic Processes
191 Applied Statistics
200 Statistical Inference

Additional Statistics Courses* (4):
200 or 300 level only

Linear Algebra Mathematics Courses* (choose one):
MATH 104, 113, 115, 171, or other course with the faculty adviser’s approval

Programming Courses* (choose one):
CS 106A, 106B, 106X, 107, 140-181, or other course with the faculty adviser’s approval

ELECTIVE COURSES: https://statistics.stanford.edu/academics/ms-statistics-elective-courses

<table>
<thead>
<tr>
<th>Quarter &amp; Year</th>
<th>Dept &amp; Course Number</th>
<th>Course Title</th>
<th>Grade</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Stats: 1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional: 1.                      |                      |              |       |       |
| 2.                         |                      |              |       |       |
| 3.                         |                      |              |       |       |
| 4.                         |                      |              |       |       |

Math:                        |                      |              |       |       |
Programming:                 |                      |              |       |       |
Electives:                   |                      |              |       |       |

Total Units: ____________________________

Signatures:
Student: ____________________________ Date: ____________________________
Faculty Adviser: ____________________________ Date: ____________________________
Student Services Verification/PS Entry: ____________________________ Date: ____________________________

Bring the approved Program Proposal form to the Student Services Officer (Sequoia Hall, Room 127)