

STATE UNIVERSITY OF NEW YORK

AT STONY BROOK

DEPARTMENT OF APPLIED MATHEMATICS AND STATISTICS

NAME: _____

ID #: _____

DATE OF EXAM: _____

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**We, the orals committee for the above student, hereby recommend that he/she be advanced to candidacy.**

\_\_\_\_\_  
**Advisor**

\_\_\_\_\_  
**Committee Member**

\_\_\_\_\_  
**Committee Member**

\_\_\_\_\_  
**Committee Member (if applicable)**

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Comments:

