M.S. in Computer Forensics

Master's Degree Plan of Study

Last Name: _____ First Name: _____ Initial: ____
G Number: _____
Phone: _____ E-mail: _____
Address: _____
_____

Date Admitted: _____ _____ _____
Degree Provisional Non-Degree
Catalog Year: _____ Expected Date of Graduation: _____

Advisor: _____ Certificate(s): _____

This plan should be kept up to date based on consultation with the student's advisor. Consequent changes should be appropriately annotated on the student's and TCOM file copy. A final, signed, version must be submitted by the student with the graduation application.

	COURSE	TITLE	SEMESTER	GRADE
Core:				
Core:				
Core:				
Core:				
Core:				
Core:				
7.				
8.				
9.				
10.				

Remarks: Remediation Required/Substitutions/Waivers/Justifications

Approved by

Advisor: _____ _____ Date: _____
Signature Printed Name

February 2009