

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.

	<u>COURSE</u>	<u>TITLE</u>	<u>SEMESTER</u>	<u>GRADE</u>
Core:	_____	_____	_____	_____
Core:	_____	_____	_____	_____
Core:	_____	_____	_____	_____
Core:	_____	_____	_____	_____
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10.	_____	_____	_____	_____
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	_____	_____	_____	_____
	_____	_____	_____	_____

Remarks: Remediation Required/Substitutions/Waivers/Justifications

Approved by

Advisor: _____ Date: _____
Signature Printed Name