

M.S. in Digital Forensics - Plan of Study

Last Name: _____ First Name: _____ Initial: _____

G Number: _____ Phone: _____

E-mail: _____

Date Admitted: _____
Degree Provisional Non-Degree

Catalog Year: _____ Expected Date of Graduation: _____

Advisor: _____ Certificate(s): _____
(Attach with Secondary Certificate Program Application)

This plan shall be kept up-to-date based on consultation with your advisor. Subsequent changes require an updated form. Failure to file this form places any and plan errors fully on the student.

	<u>COURSE</u>	<u>TITLE</u>	<u>SEMESTER</u>	<u>GRADE</u>
Provisional:*	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Core:	<u>CFRS510</u>	<u>Digital Forensic Analysis</u>	_____	_____
Core:	<u>CFRS660</u>	<u>Network Forensics</u>	_____	_____
Core:	<u>CFRS661</u>	<u>Digital Media Forensics</u>	_____	_____
Core:**	<u>CFRS663/664</u>	_____	_____	_____
Core:**	<u>CFRS760/770</u>	_____	_____	_____
Core:	<u>CFRS762</u>	<u>Mobile Device Forensics</u>	_____	_____
Core:	<u>CFRS790</u>	<u>Advanced Computer Forensics</u>	_____	_____
8.***	_____	_____	_____	_____
9.***	_____	_____	_____	_____
10.***	_____	_____	_____	_____

* Only if required by your admissions contract, ** Circle the appropriate class and add the Title, *** Add Electives

Approved: _____

Advisor: _____ Date: _____
Signature Printed Name