

## 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:	DFOR 510	<u>Digital Forensic Analysis</u>	_____	_____
Core:	DFOR 660	<u>Network Forensics</u>	_____	_____
Core:	DFOR 661	<u>Digital Media Forensics</u>	_____	_____
Core:	DFOR 663	<u>Intrusion Detection for DFOR</u>	_____	_____
	or 664	<u>Incident Response Forensics</u>	_____	_____
Core:	DFOR 670	<u>Fraud Analytics</u>	_____	_____
	or 671	<u>Legal and Ethics</u>	_____	_____
Core:	DFOR 672	<u>Mobile Device Forensics</u>	_____	_____
Core:	DFOR 790	<u>Advanced Computer Forensics</u>	_____	_____
Concentration:	_____ (Not Mandatory - Requires a Graduate Change of Program Form)			
8.**	_____	_____	_____	_____
9.**	_____	_____	_____	_____
10.**	_____	_____	_____	_____

\* Only if required by your admissions contract, \*\* Add Electives

Approved: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Printed Name