

CHECK HERE
IF THIS IS A
REVISED
PROGRAM OF
STUDY

MS COMPUTER SCIENCE – (CS) PROGRAM of STUDY

Admitted: drop down box
(term/year)

Name: _____
First Name Last Name

SUID# _____

Address:

Telephone Number: - - SU E-mail:

Projected Grad. Date: *Month and Year*

PREVIOUS DEGREES:

DEGREE:	INSTITUTION:
GRAD DATE:	<i>ex. month (01-12) and year(2011)</i>

DEGREE:	INSTITUTION:
GRAD DATE:	<i>ex. month (01-12) and year(2011)</i>

OTHER S.U. DEGREES BEING SOUGHT OR CONFERRED:

DEGREE:	GRAD DATE:	<i>ex. month and year</i>
DEGREE:	GRAD DATE:	<i>ex. month and year</i>

NOTE: Submit a copy of each Program of Study that is sharing coursework with this one.

PROGRAM DIRECTOR: Dr. Susan Older

APPROVING SIGNATURE(S): *(Department will get these signatures)*

ADVISOR _____ DATE _____

DEPT. CHAIR/GRAD. PROG. DIR. _____ DATE _____

