MCS PLAN OF STUDY

Department of Computer Science

Name: _____ ID Number: _____

Date: _____ Advisor: _____

MCS Matriculation Date: ☐ Fall ☐ Spring ☐ Summer 20___

MCS Expected Completion Date: ☐ Fall ☐ Spring ☐ Summer 20___

Course Number	Term	Hours	Grade	Course Title & Description
		3 sh		(Theory Requirement)
		3 sh		(Algorithms Requirement)
CS:6000		1 sh		Colloquium
CS:6000		1 sh		Colloquium

Notes:

_____   _____
Signature of Candidate   Date   Signature of Advisor   Date