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		(Foundations requirement)
		3 sh		(Systems requirement)
CS:6000		1 sh		Colloquium
CS:6000		1 sh		Colloquium

Notes:

_____ _____

Signature of Candidate Date Signature of Advisor Date

Revised 09/16/2016