# 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___

<table>
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<tr>
<th>Course Number</th>
<th>Term</th>
<th>Hours</th>
<th>Grade</th>
<th>Course Title &amp; Description</th>
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<td>Colloquium</td>
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Notes:

Signature of Candidate                        Date              Signature of Advisor             Date  

Revised 09/16/2016