Print Name: ___________________________ Student ID #: ___________________________

Day Phone: ___________________________ Evening Phone: ___________________________

E-mail Address: ___________________________

Street: ___________________________ Apt. ___________ City, State, ZIP: _____________

☐ Check box if you plan to pursue the Cybersecurity Certificate

1. Date of first course in the program ___________ Date of expiration of seven year limit (see catalog) ___________

2. Program Options: ______ 27 Credits* plus one of the following:
   ___ CS 595 (6 cr.) ___ CS 580 (6cr.) ___ CS 585 (3* or 6 cr.[circle one])
   ______ 33 Credits beyond the Foundation Courses

   *If CS 585 is selected for three credits, 30 Credits must be completed.

3. Please indicate course (6 credit maximum) approved for the transfer by the Dean of the Graduate School. **Official transcript (s) and course description (s) or syllabus (i) must be on file in the Graduate School before this form can be submitted.** Indicate the department number, course title, credits earned, date completed, institution, and grade (s) earned.

4. Indicate by checkmark the courses listed below that you have satisfactorily completed at Hood. Circle those courses in which you are currently enrolled or plan to take. Mark with a “T” any courses that were satisfied by transfer credits.

   **Foundation Course Requirements (write “exempt” where applicable):**
   ___ Math 505  ___ CS 503  ___ CS 504  ___ CS 508  ___ CS 519
   Core Requirements: ___ CS 520  ___ CS 524  ___ CS 564  ___ CS 528
   ______ CS 561  OR  ______ CS 571

   **Elective Courses (3-5 required depending on program option):**

   **Specialty Track: Artificial Intelligence**
   Two of the following:
   ___ CS 542  ___ CS 543  ___ CS 544

   **Specialty Track: Networks and Distributed Computing (Pick 3):**
   ___ CS 536  ___ CS 553
   ___ CS 566

   **Non Specialty track:**
   ___ CS ____________
   ___ CS ____________
   ___ CS ____________

   Additional Electives (if needed):
   ___ CS ____________  ___ CS ____________

   **SIGNATURES:** This student is responsible for obtaining signatures from the adviser and Program Director before the form is submitted to the Dean. **DO NOT MAIL THIS FORM TO YOUR ADVISER. You MUST schedule an appointment with your adviser to complete the form together.**

   Student ___________________________ Date ___________________________
   Adviser ___________________________ Date ___________________________
   Program Director ___________________________ Date ___________________________
   Graduate School ___________________________ Date ___________________________

   Copies: Graduate Office, Adviser, and Candidate

   September 2012