HOOD COLLEGE GRADUATE SCHOOL
Master of Science in Management of Information Technology
Degree Candidacy Form

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. 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.

3. 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.

PROGRAM REQUIREMENTS:
This program requires completion of 36 credits beyond the Foundation courses.

FOUNDATION COURSE REQUIREMENTS (write “exempt” where applicable)

_____ IT 510  _____ IT 512  _____ MATH 500  _____ ECON 551  _____ MGMT 551  _____ MGMT 552

ECONOMICS COURSE  _____ ECON 560

MANAGEMENT COURSES

_____ MGMT 560  _____ MGMT 561  _____ MGMT 564

_____ MGMT 566  _____ MGMT 585

INTER-DISCIPLINE COURSES

_____ ITMG 527  _____ ITMG 533

INFORMATION TECHNOLOGY COURSES

_____ IT 514  _____ IT 518  _____ IT 548  _____ CSIT 530

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

April 2011