

# GEOINFORMATICS CERTIFICATE PROGRAM

Student Information			Advisor Information	
Last Name:	First Name:	Initial:	Name:	Phone:
Address:			Campus Address:	
Phone:	E-Mail:		E-mail:	
Student ID:			Advisor signature/date:	

## PLAN OF STUDY (21 s.h.)

Course Title Foundations (9 s.h.)	Course #	Credit	Projected Enrollment Date	Semester Completed	Grade	Comments
<b>Introductory:</b> Introduction to Informatics	IGPI:5110	3				
<b>Programming:</b> Bioinformatics Techniques <b>OR</b> Programming Languages and Tools	IGPI:5321	3				
<b>Data Handling:(see website for options)*</b>	CS:3210	3				
<b>Disciplinary Requirements (9 s.h. total)*</b>						
<b>Geographic Information Systems and Science (required)</b>	GEOG:3010	3				

\*See <https://informatics.uiowa.edu/study-opportunities/graduate-program/geoinformatics/certificate-requirements> for additional course options

**FOR OFFICE USE ONLY:**

Date of Notification by Student \_\_\_\_\_  
 Dates of Review by Program Steering Committee \_\_\_\_\_  
 Date of Recommendation to Grad College \_\_\_\_\_  
 Date of Certificate Award \_\_\_\_\_

Student Full Name \_\_\_\_\_  
 Student ID # \_\_\_\_\_  
 College/Department \_\_\_\_\_  
 Subprogram Advisor \_\_\_\_\_

Revised 11/18/2016