

INFORMATION SCIENCE INFORMATICS CERTIFICATE PROGRAM

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

PLAN OF STUDY (18 s.h.)

Course Title	Course #	Credit	Projected Enrollment Date	Completed	Grade	Comments
Intro to Informatics	IGPI:5110					
Programming Lang & Tools	CS:3210					
Data Handling Coursework	See plan of study outline (3 s.h.)					
Disciplinary Coursework	9 s.h., work with advisor					

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 Adviser _____
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