

SCHOOL OF COMPUTER AND INFORMATION SCIENCES

GRADUATE DECLARATION OF SPECIALIZATION

Name: (Please Print)

Student Number:

LAST

FIRST

MIDDLE

I wish to declare the following specialization.(Select either A or B)

College: School of Computer and Information Sciences

A. Program: Computer Science (CIS_CS_MSCIS)
Major: Computer Science (CICS)
Concentration: Thesis (CIST) Project (CISP) Course-Only (CISC)

B. Program: Information Systems (CIS_IS_MSCIS)
Major: Information Systems (CIIS)
Concentration: Thesis (CIST) Project (CISP) Course-Only (CISC)

Student Signature: _____ Date: _____

Advisor Assigned to Student: _____

Approval: _____ Date: _____

Director of CIS Graduate Studies