PLAN OF STUDY

COMPUTER SCIENCE MASTER'S DEGREE PROGRAM

Name:_____ Student ID:_____ Date:_____

PLAN I: *Thesis*_____**Plan II:** *Course Option***:**_____ **AMP Student**:_____

***CS 5200 Architecture, CS 5500 Operating Systems and CS 5720 Algorithms are offered every other semester. Please plan accordingly.*

UNDERGRADUATE COURSES REQUIRED TO SATISFY DEFICIENCIES

Course Number	Course Title	Grade	Sem/Year	Course Number	Course Title	Grade	Sem/Year

MSCS REQUIRED COURSES

Course Number	Course Title	Grade	Sem/Year	Course Number	Course Title	Grade	Sem/Year
	CS 5500 Operating Systems				**CS 5720 Algorithms**		
	CS 5700 Automata						

GRADUATE COURSES[1]

Course Number	Course Title	Grade	Sem/Year	Course Number	Course Title	Grade	Sem/Year

TRANSFER COURSES:

Course Number	Course Title	Grade	Sem/Year	Course Number	Course Title	Grade	Sem/Year

_____ _____

Major Advisor Date Program Director Date

[1] Please note that by signing this document the faculty does not commit the Department to offer these courses as listed. If courses are not offered according to the student's schedule then the student is expected to work with his or her advisor to develop an alternative plan.