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