MASTER'S DEGREE OR CERTIFICATE PROGRAM

Name: _____ **SSN:** _____
Last Name First Name Middle Name

Address: _____ _____ _____
Street Apt, if any City, State Zip Code

Degree: Master of Software Engineering **Major:** Computer Science and Engr. **Track or Specialization:** _____

Admitted to Program: _____ **Foreign Language required:** _____ _____
Date: Date Completed:

Other requirements: _____

PROGRAM OF COURSES

In the spaces provided below, list all courses for which you request approval in your master's degree (including thesis, if required) or certificate program. Example: ENGL 751 Amer. Novel in 20th Cent. Do not list courses not specifically required for the master's or certificate program. Note that any course on this program which exceeds the 6 year limit (for the master's) or 4 year limit (for the certificate) before the degree is awarded must be revalidated or replaced with another course.

Department	Course Number	Abbreviated Course Title	Date Completed	Credit hours	Grade	Where Taken
		Core Courses (15 hours)				
CSCE	**740**	**Software Engineering**		**3 hrs**		
CSCE	**741**	**Software Process**		**3 hrs**		
CSCE	**742**	**Software Architecture**		**3 hrs**		
CSCE	**743**	**Software Requirements**		**3 hrs**		
CSCE	**747**	**Software Testing**		**3 hrs**		
		Five additional approved Soft Engr Electives (15 hrs)				
		Excluding 797 and including at most 3 hrs of 798				
CSCE						
CSCE						
CSCE						
CSCE						
CSCE						
Additional	**Require.**	**Comprehensive Exam**				
		Software Engineering Paper				
Software Engr	Electives	CSCE 510, 512, 515, 516, 520, 522, 547, 721, 723,				
		725, 744, 745, 767, 782, 821, 822, 826, and 846 and				
		MGSC 872				

Approved

_____ _____ _____ _____
Student Signature (required) Date Graduate Director of School or Department Date

_____ _____ _____ _____
Major Professor or Advisor Date Dean of the Graduate School Date

GS20 2/96