

MSIT-IS & MSMITE Advanced Studies Declaration

STUDENT INFORMATION

Student Andrew ID:

Student Name:

Last/Family, First and/or Preferred, MI

Degree:

Faculty Advisor:

Date:

Please indicate whether you will be doing a Master's Thesis or Area of Concentration by checking the corresponding box below.

I will be doing a Master's Thesis.

*Delve deeply into a problem and create a novel solution for a research-based project, providing the opportunity to gain significant knowledge and skills in a particular area.*

I will be doing an Area of Concentration.

*List your desired area topic and 6 proposed graduate level courses (600 or above) that align with your selected concentration. Only 36 units will count; other courses can be backups.*

**Area of Concentration Topic** (example: ML, Security, etc.):

| Course # | Course Name |
|----------|-------------|
|----------|-------------|

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INI ACADEMIC AND STUDENT SERVICES USE ONLY:

Approved:

Denied/ Updates Needed:

INI Academic Advisor Committee Decision Date:

Processed by:

Academic Advisor: \_\_\_\_\_

Signature

Date:

mm/dd/yyyy

INI ACADEMIC AND STUDENT SERVICES CHECKLIST:

Reviewed by Committee/ Advisor/Director

Saved e-copy in student file

Notified student

Recorded in petition database

Updated Stellic record