SCHOOL OF INFORMATION

CERTIFICATE OF ADVANCED STUDY AND ENDORSEMENT OF SPECIALIZATION

PROPOSED PROGRAM PLAN

***Place signed form in student’s file.***

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle one: CAS or EOS

PROGRAM DESCRIPTION/CONCENTRATION:

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PROPOSED COURSES:

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FACULTY ADVISOR SIGNATURE DATE

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CONSULTED FACULTY MEMBER SIGNATURE DATE

(if applicable)