

# MCS PLAN OF STUDY

Department of Computer Science

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Date: \_\_\_\_\_ Advisor: \_\_\_\_\_

MCS Matriculation Date:  Fall  Spring  Summer 20\_\_

MCS Expected Completion Date:  Fall  Spring  Summer 20\_\_

Course Number	Term	Hours	Grade	Course Title & Description
		3 sh		(Theory Requirement)
		3 sh		(Algorithms Requirement)
CS:6000		1 sh		Colloquium
CS:6000		1 sh		Colloquium

Notes:

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date