SCHOOL OF INFORMATION

CERTIFICATE OF ADVANCED STUDY AND ENDORSEMENT OF SPECIALIZATION

COMPLETION FORM

***This form is to be submitted to the graduate coordinator no earlier than two weeks before the last class day of the student’s final semester.***

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

Please indicate:

\_\_\_\_\_CAS or \_\_\_\_\_EOS

\_\_\_\_\_MSIS Student or \_\_\_\_\_Non-Degree Student

Area of Concentration/Specialization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| COURSE | SEMESTER COMPLETED |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACULTY ADVISOR DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSULTED FACULTY MEMBER (if applicable) DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASSOCIATE DEAN DATE

DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CERTIFICATE SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_