

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: \_\_\_\_\_