

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:

\_\_\_\_\_

PROPOSED COURSES:

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\_\_\_\_\_  
FACULTY ADVISOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CONSULTED FACULTY MEMBER SIGNATURE  
(if applicable)

\_\_\_\_\_  
DATE