

**PURDUE UNIVERSITY
GRADUATE SCHOOL**

Request for Master's Degree Advisory Committee and Plan of Study Approval
(Please read instructions on reverse side.)

Pg. 1 of 1 Pgs.

Date Degree Expected May 20XX

1. NAME OF STUDENT John Smith PUID No. XXXXXXXXXX (Purdue ID here)

2. DEPARTMENT Technology Dept. Code TECH Thesis Option Non-thesis Option

Degree Title Master of Science Degree Code TECH-MS Research Area _____

3. AREA OF SPECIALIZATION (if any) INFO ASSURANCE AND SECURITY AOS Code XIAX

Area	4. COURSES				5. METHOD OF ESTABLISHING CREDIT			6. DATE COMPLETED OR TO BE COMPLETED
	OFFICIAL TITLE ABBREVIATION <i>Please group courses into "Primary" (P) & "Related" (R) areas.</i>	Subject Abbr.	Course No.*	Cr. Hours	Regular Regis.	Non-degree Regis.	Other or Transfer From +	
P	MEAS & EVAL IN INDUSTRY & TECH	TECH	50700	3	X			Dec 2014
P	TOPIC: QUALITY&PROD IN INDUSTRY&TECH	TECH	58100	3	X			Dec 2014
P	ADV PROJECT MANAGEMENT IN TECH	OLS	57100	3	X			Dec 2015
P	TOPIC: DIRECTED PROJECT (if applicable)	TECH	58100	3	X			May 2015
R	NETWORK SECURITY	CIT	55510	3	X			May 2014
R	DATABASE SECURITY	CIT	51600	3	X			Aug 2014
R	INFORMATION SECURITY RISK MAN	CIT	52800	3	X			Aug 2015
R	WIRELESS SECURITY & TECHNOLOGY	CIT	53200	3	X			Dec 2015
R	MOBILE AND NETWORK FORENSICS	CIT	56200	3	X			May 2016
R	ELECTIVE			3	X			Aug 2016
R	ELECTIVE			3	X			May 2017
R	ELECTIVE (Unless you have Directed Project)			3	X			May 2017
7. LANGUAGE REQUIREMENTS		Method to be used to meet language requirements			+ Transfer course must be described as on original transcript. * Mark course number with asterisk (*) if B or better is required.			
a. N/A		a. N/A						
b. N/A		b. N/A						
8. NAMES OF ADVISORY COMMITTEE MEMBERS (Please type full name.)		9. GRADUATE FACULTY IDENTIFIER	APPROVED BY ADVISORY COMMITTEE MEMBERS (Signature)		10. DEPARTMENT		11. ADVISOR IN AREA OF:	
			Chair		TECH	TECH		
					TECH	TECH		
					TECH	TECH		
<input type="checkbox"/> Check here if supplemental notes or other requirements are attached.		13. APPROVED BY:						
		Head of the Graduate Program				Date		
12. SIGNATURE OF STUDENT		Date	Academic Dean (if required)		Date	Graduate School Dean		

Submit original plus one copy to the Graduate School.

Comments, special notes, or other requirements:

Degree Codes			Nonthesis Option		Thesis Option	
07	--	Master of Accountancy (Calumet)	45	46	M.S. Education	
09	10	Master of Agriculture	51	52	M.S. Electrical &	
Computer Engr.						
13	14	Master of Arts	53	54	M.S. Engineering	
17	18	Master of Arts in Teaching	57	58	M.S. Forestry	
19	20	Master of Fine Arts	61	62	M.S. Industrial Admin.	
21	22	Master of Science	65	66	M.S. Industrial Engr.	
25	26	M.S. Aero. and Astro.	67	68	M.S. Management	
27	28	M.S. Agricultural & Biological Engr.	69	70	M.S. Mechanical Engr.	
31	32	M.S. Biomedical Engr.	71	72	M.S. Materials Science	
33	34	M.S. Chemical Engr.	77	78	M.S. Nuclear Engr.	
37	38	M.S. Civil Engr.	92	--	Master of Business Administration	