

MS Advising Form

Current Semester (fall or spring)	Semester started MCS program	
Last Name, First Name	eID	Wildcat ID
Cumulative GPA	Are you on probation? (Y/N)	If on probation, were you admitted on probation? (Y/N)
Program of Study filed? (Y/N)	MS degree? (Y/N)	Academic Advisor/Major Professor
Deficiency Courses		
Deficiency or required courses mentioned on admission letter	Deficiency or required courses waived	

If you are pursuing a MS degree/Breadth Requirements, please check off the classes below that you have **completed**.

Implementation	Languages	Systems	Applied CS	Foundations
CIS 641 <input type="checkbox"/>	CIS 705 <input type="checkbox"/>	CIS 720 <input type="checkbox"/>	CIS 655 <input type="checkbox"/>	CIS 770 <input type="checkbox"/>
CIS 690 <input type="checkbox"/>	CIS 706 <input type="checkbox"/>	CIS 721 <input type="checkbox"/>	CIS 730 <input type="checkbox"/>	CIS 775 <input type="checkbox"/>
CIS 706 <input type="checkbox"/>	CIS 771 <input type="checkbox"/>	CIS 722 <input type="checkbox"/>	CIS 740 <input type="checkbox"/>	
CIS 722 <input type="checkbox"/>	CIS 806 <input type="checkbox"/>	CIS 725 <input type="checkbox"/>	CIS 744 <input type="checkbox"/>	
CIS 736 <input type="checkbox"/>		CIS 726 <input type="checkbox"/>	CIS 761 <input type="checkbox"/>	
		CIS 750 <input type="checkbox"/>		
		CIS 751 <input type="checkbox"/>		

Please write below specialization courses that you have completed. Note that the title can be no more than 26 characters including spaces.

Course Number	Course Title
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

Check off the classes that you will be taking **this semester**, then write-in any that are not listed.

Implementation	Languages	Systems	Applied CS	Foundations
CIS 641 <input type="checkbox"/>	CIS 705 <input type="checkbox"/>	CIS 720 <input type="checkbox"/>	CIS 655 <input type="checkbox"/>	CIS 770 <input type="checkbox"/>
CIS 690 <input type="checkbox"/>	CIS 706 <input type="checkbox"/>	CIS 721 <input type="checkbox"/>	CIS 730 <input type="checkbox"/>	CIS 775 <input type="checkbox"/>
CIS 706 <input type="checkbox"/>	CIS 771 <input type="checkbox"/>	CIS 722 <input type="checkbox"/>	CIS 740 <input type="checkbox"/>	
CIS 722 <input type="checkbox"/>	CIS 806 <input type="checkbox"/>	CIS 725 <input type="checkbox"/>	CIS 744 <input type="checkbox"/>	
CIS 736 <input type="checkbox"/>		CIS 726 <input type="checkbox"/>	CIS 761 <input type="checkbox"/>	
		CIS 750 <input type="checkbox"/>		
		CIS 751 <input type="checkbox"/>		

Please write below specialization courses that you will be taking. Note that the title can be no more than 26 characters including spaces.

Course Number	Course Title
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

Advisor/Major Professor Signature: