Rensselaer
275 Windsor Street, Hartford, Connecticut 06120-2991
Office of the Registrar Fax: (860) 548-7823

M.S. INFORMATION TECHNOLOGY
Plan of Study

NOTE: The Plan of Study is subject to the approval of the Academic Official. A copy of the approved/denied Plan will be mailed to the student when the review procedure is completed.

Name _____ I.D. No. __ __ __ / __ __ __ /__ __ __

Street Address _____ Home Phone #(____)_____

City, State, Zip _____ Work Phone #(____)_____

Employer _____ E-mail Address _____

Concentration _____ Advisor _____ Admit Term _____

CRN	COURSE SUBJECT	COURSE NUMBER	COURSE TITLE	CR. HR.	TERM/YR.	✓ Where Appropriate	
						Transfer	Waived
			Five Core Courses				
	CISH	4380	Database Systems	**3**			
	ECSE	4670	Computer Communication Networks	**3**			
	ECSE	6770	Software Engineering I	**3**			
	MGMT	6810	Management of Technical Projects	**3**			
	COMM	6420	Foundations of HCI Usability	**3**			
			Three Concentration Courses				
				3			
				3			
				3			
			One Elective (if needed)				
			Culminating Experience Course*				

*Satisfies Culminating Experience Requirement in the Hartford and Groton Catalog & Student Handbook

Total Credits **30**

NOTE: ALL requests for TRANSFER OF CREDIT and WAIVERS should be submitted on the Request for Transfer Credit Form and the Waiver Request Form to the Registrar's Office.

Signature of Student _____ **Date** _____

Signature of Advisor _____ Date _____

Signature of Academic Official _____ Date _____