MS Core Competency Certification (MS Thesis only)

Student Full Name: ___________________________ Admitted Term: Fall   Spring  Yr._____

Student 810/811# ____________________________ Today’s Date: ____________________

Major Professor (printed) _____________________________________________________

This form is to be certified and signed by the Major Professor, Graduate Coordinator, and Advisory Committee by the end of the second semester or beginning of the third semester from the time of your enrollment in the program.

Students will be permitted to register for the final semester after all core classes are completed with course grades as provided on this form.

Part 1) Certification Mechanism

Students with the approval of their Major Professor, are required to identify the mechanism to be used for certifying their MS Core Competency at the time student forms their Advisory Committee. Advisory Committee is to be formed by semester 3.

Proposed Core Competency Certification Mechanism:

_______ CSCI Core GPA

Approved by:

____________________________________

Major Professor Signature

Comments (optional):

Part 2) Core Competency Certification

Major Professor: _______________________ Passed_______ Failed_______

Committee Member: _______________________ Passed_______ Failed_______

Committee Member: _______________________ Passed_______ Failed_______

Note: Note: A unanimous vote by the student advisory committee is required to certify core competency.

Comments (optional):

Approved by: ____________________________________  Date: ________________

CS Graduate Coordinator Signature    mm/dd/year

Completed form to be turned in to CS Dept 422 Boyd GSRC. All other forms are void.

Rev.sp2020/SLV