Cybersecurity
Advanced Certificate program of study

Student Name:

UB Person #:

Department:

Please Select Anticipated Conferral Date:

June 1, 20_____	**August 31, 20_____**	**February 1, 20_____**
Form due March 1	Form due July 1	Form due Oct. 1

List below your completed and planned courses to be applied to the Advanced Certificate:

Required Course:	Semester	# of Credits	Grade
MGS 650 Information Assurance			
Required Courses for Managerial Track: (IAM034R0)			
MGS 642 IT Audit for Managers			
MGS 651 Managing Computer Networks			
Required Courses for Technical Track: (IAC034R0)			
MTH 535 OR CSE 664 (Check one)			
CSE 566 OR 7XX Seminar Wrl. Ntwk Sec.(Check one)			
CSE 565 Computer Security			
Approved Electives (List 2 courses from the electives list):			
1)			
2)			
Total required minimum 14 cr., min 3.0 GPA		**Total:**	

PROGRAM OF STUDY REQUIRED APPROVALS

Student Signature: Date:

Director of Graduate
Studies Signature: Date:

Graduate School Use Only

Graduate School : _____Signature:_____Date:_____