

CENTRAL MICHIGAN UNIVERSITY
AUTHORIZATION FOR A COMPUTER SCIENCE/MATHEMATICS MAJOR

NAME _____ SOC. SEC. NO. _____/_____/_____
Last First Middle

MAJOR (TITLE): COMPUTER SCIENCE/MATHEMATICS

MINOR (TITLE) : _____ Degree Choice: _____

BULLETIN (under which student is completing graduation requirements) 19____ - ____

BULLETIN OF MAJOR (only if different & chosen from a subsequent Bulletin) 19____ - ____

I. Courses that **MUST** be completed by the student. (ONLY courses in this section may be required of students.)

REQUIRED CPS and MATH COURSES:

CPS 180(3)/ 181(3)/ 210 (3)/ 340(3)/ 360(3)/ 410(3)/ 450(3)

MTH 132(4)/ 133(4)/ 175(3)/ 223(3)/ 233(4)/ 332 (3)/ 438(3)/ 523(3)

TOTAL REQUIRED COURSES: _____

II. **ELECTIVE HOURS:**

(11) hours, approved by adviser.

TOTAL ELECTIVES: _____

GRAND TOTAL SEMESTER HOURS: _____

STUDENT: Any Changes of REQUIRED COURSES, or GRAND TOTAL SEMESTER HOURS must be requested of your adviser. If approved, the adviser will complete and submit to the Registrar's Office a " Change of Authorization of Major, Concentration, or Minor", Form R-44

COMPLETE only if this is one of multiple majors, or replaces a previously authorized major:

1. This is a (a) ___2nd or (b) ___ 3rd major. (check one).
2. This is a (a) ___2nd or (b) ___3rd concentration. (check one).
3. This is to replace a previously authorized Major/Concentration in _____.

Signature of Student _____ Date _____

Adviser: Please remind students of the time line for completion of competencies (See Bulletin). Adviser is responsible for completion of all portions of this form and distribution of copies to:

__ Registrar's Office (original), __ Student, __ Adviser, __ Department office of adviser, and __ Certification Office (teaching major)

(PRINT) NAME OF ADVISER _____

Signature of Adviser _____ Date _____