

CENTRAL MICHIGAN UNIVERSITY
AUTHORIZATION FOR AN INFORMATION TECHNOLOGY MINOR

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

MAJOR (TITLE): _____
MINOR (TITLE): INFORMATION TECHNOLOGY Degree Choice: _____

BULLETIN (under which student is completing graduation requirements) 20_____-_____
BULLETIN OF MINOR (only if different & chosen from a subsequent Bulletin) 20_____-_____

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

Core (15 hours)

Programming Sequence (9 hours):

CPS 110 (3), ITC 111 (3), CPS 280C (3)

OR

CPS 180 (3), CPS 181 (3) CPS 280V (3)

Other core courses (6 hours):

ITC 290 (3), ITC 291 (3)

TOTAL REQUIRED HOURS 15

II. REQUIRED COGNATE COURSES:

Math Requirements (3 hours)

STA 282 (3) **OR** STA 382 (3)

TOTAL COGNATE HOURS 3

III. UNSPECIFIED ELECTIVE HOURS IN MINOR:

Six (6) hours from the following list:

CPS 282 (3) ITC 365 (3) ITC 441 (3)

ITC 320 (3) CPS 395 (3) ITC 465 (3)

ITC 341 (3) CPS 420 (3) CPS 482 (3)

TOTAL ELECTIVE HOURS 6

GRAND TOTAL SEMESTER HOURS 24

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 minors, or replaces a previously authorized minor:

1. This is a (a) ____2nd or (b) ____3rd minor. (check one)
2. This is a (a) ____2nd or (b) ____3rd concentration. (check one)
3. This is to replace a previously authorized minor/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 minor)

SIGNATURE OF ADVISER _____ Date _____
(Please print name): _____