

CENTRAL MICHIGAN UNIVERSITY
AUTHORIZATION FOR A COMPUTER TECHNOLOGY MAJOR

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

MAJOR (TITLE): COMPUTER TECHNOLOGY

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 IET COURSES:

CPS 180 (3)/ 181 (3)/ 210 (3)/ 280F (1)/ 280__ (1)/ 340 (3)/ 360 (3)/ 380 (3)/ 468 (3)

IET 292 (3)/ 293 (3)/ 390 (3)/ 392 (3)/ 394 (3)/ 492 (3)/ 494 (3)/ 594 (3)

TOTAL REQUIRED COURSES: _____

II. **REQUIRED COGNATE COURSES:**

One of the following:

- a) PHY 130 (4) and PHY 170 (1) (co-requisite course); **OR**
- b) PHY 145 (4) and PHY 175 (1) (co-requisite course); **OR**
- c) CHM 131 (4); **OR**
- d) CHM 161 (5).

TOTAL REQUIRED COGNATE: _____

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 _____
