## MIS ADVISING SHEET (PLAN OF STUDIES)

Name	Student ID # _	D	Date	
Student goal:				
	n core (depth) area:			
Course ID	Course Title	Semester	SCH	Grade
Total Credits				
6 or more hours in Course ID	n one or two additional (breadth) area(s):  Course Title	Semester	SCH	Grade
Course ID	Course Title	Semester	SCH	Grade
Total Credits				
T1 . (10				
Electives (if appr			COLL	
Course ID	Course Title	Semester	SCH	Grade
Total Credits				
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Required	T			T
Course ID	Course Title	Semester	SCH	Grade
MINS 5200	Research Methods in Interdisciplinary S	ciences	3	_
Total Credits			<u> </u>	
Project (3-4) or T	Thesis (4-6)			
Course ID	Course Title	Semester	SCH	Grade
MINS 5960	Master's Project			
MINS 5950	Master's Thesis			
Total Credits				
	tle:			
	ed:			
Committee #1:				
Committee #2:				

NB: Approval of transfer credits, if requested, will require a separate form.