

Computer Science Cyber Security Concentration Completion Form

Please complete the following form and submit it to your MQP advisor and cyber security program director, Prof. Craig Wills, for approval. The form will then be sent to the Registrar's office.

Student Name: _____

Student ID: _____

Core Security Classes (2/3 units):

Course Number and Title

Term Completed

Course Number and Title

Term Completed

Social Implications Course (1/3 unit):

Course Number and Title

Term Completed

Elective Courses (3/3 units):

Course Number and Title

Term Completed

Course Number and Title

Term Completed

Course Number and Title

Term Completed

Cyber Security-Related MQP Title:

MQP Advisor's Signature

Date

MQP Security-Related? (yes/no)

Department Signature

Date