



**TENTATIVE PROGRAM OF STUDY  
 MASTER OF SCIENCE DEGREE  
 ARIZONA STATE UNIVERSITY  
 SCHOOL OF COMPUTING AND INFORMATICS**

**This form MUST be typed or completed online.**

Last Name	First Name	Affiliate ID# (10 digit)
Street Address		Home Phone #
City/State/Zip	E-mail Address	Work Phone #

Credit Hours	Prefix & Number	Course Title	Grade
6	BMI 599	Thesis	

	Total Credit hours (minimum 30 hours)
--	---------------------------------------

Student Signature	Date
Faculty Advisor (Please print and sign name)	Date
Department Chair Signature	Date