Northeastern ILLINOIS UNIVERSITY

College of Graduate Studies and Research

Academic Course Record: Master of Science in Computer Science

Management Information Systems Concentration

NEIU ID #	Last Name	First Name

Indicate the term taken and grade received for the following required courses:

TERM TAKEN	DEPT.	COURSE NUMBER	COURSE NAME	CREDITS	GRADE	OFFICE USE
	CS	400	Discrete Modeling and Analysis	3		
	CS	404	Analysis of Algorithms	3		
	CS	401	Software Engineering	3		
	CS	412	Web Application Development	3		
	CS	413	IT Project Management	3		
	CS	415	Design of Data Base Systems	3		
	CS	419	Informatics	3		
	CS	420	Object-Oriented Design	3		
			ELECTIVE			
			ELECTIVE			
			ELECTIVE/THESIS			
			PROJECT/THESIS			

List any course substitutions or transfer courses that have been APPROVED for use towards your degree:

TERM TAKEN	DEPT.	COURSE NUMBER	COURSE NAME	CREDITS	GRADE	OFFICE USE

Outstanding Requirements: Project Thesis Other: _____

_____   _____
Student Signature   Date

_____   _____   _____
Program Advisor Name   Program Advisor Signature   Date