DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING
SCHOOL OF ENGINEERING & COMPUTER SCIENCE
OAKLAND UNIVERSITY

PROGRAM OF STUDY FORM
Master's in Software Engineering and Information Technology (SEIT)

Name: _____ **Email:** _____ **Student No.:** _____

Address: _____ **Phone No.:** _____

Date of Admission: _____ **Graduate Catalog Followed:** _____

STUDY PLAN

Course Group	Course No.	Course Title	Credit Hours	Grade	Term	Remarks
Prerequisite Courses (where applicable)						
Pre-req						
Pre-req						
Pre-req						
Core Courses (16 Credit Hours; 4 Credits in Program Core Requirements and 12 Credits in Concentration Core Requirements)						
Program Core			4			
Concentration Core			4			
Concentration Core			4			
Concentration Core			4			
Depth Courses (8 Credit Hours; Choose Professional or Research Track)						
D1*			4			Professional Track
D2*			4			Professional Track
Thesis	CSI 6998		8			Research Track
Electives (8 Credit Hours; Choose from any specialty group)						
E1						
E2						

_____   _____ _____
Faculty Advisor   **Program Coordinator/Department Chair**   **Date**

Cc: Graduate Study, CSE Dept.

* Should be from either Software Engineering (SE) or Information Technology (IT) specialty group