

Information Assurance
Advanced Certificate program of study

Last Name: _____ First Name: _____		
UB Person #: _____ E-mail: _____		
Department: _____		
Please Select Anticipated Conferral date:		
June 1, 20 _____ Form due March 1	September 1, 20 _____ Form due July 1	February 1, 20 _____ Form due Oct. 1

List below your completed and planned courses to be applied to the Advanced Certificate:			
Required Course:	Semester	# of Credits	Grade
MGS 650 Information Assurance			
Required Courses for Managerial Track: (IAM034R0)			
MGS 651 Network Management			
MGS 659 Seminar in E-Commerce			
Required Courses for Technical Track: (IAC034R0)			
MTH 535 Introduction to Cryptography			
CSE 565 Computer Security			
CSE 566 Wireless Networks Security			
Approved Electives: CSE 505; CSE 512; CSE 516; CSE 530; CSE 562; CSE 589; CSE 616; CSE 626; MGS 613; MGS 614; MGA 615; MGT 618; LAW 858; LAW 933			
Total required minimum 14 cr., min 3.0 GPA		Total:	

PROGRAM OF STUDY REQUIRED APPROVALS		
Submit form by appropriate deadline to The Graduate School, 408 Capen Hall, Buffalo, NY 14260		
Student Signature: _____	Date: _____	
Dir. of Grad. Studies: _____	Signature: _____	Date: _____
Printed	Signed	

Graduate School Use Only		
Graduate School : _____	Signature: _____	Date: _____