



APPLICATION FOR MAJOR FIELD OF SPECIALIZATION

NAME: (Last) (First) (Middle) DATE:

Table with Major: MIS and Department Head: Dr. Soma Velummylum

Table with Minor: and Department Head:

Home Address:

Signed: (Applicant)

(Applicant, do not write below this line)

Total Semester Hours:

Major Course Grades

Table with columns for Course (CSCI 215, CSCI 220, CSCI 227, MATH 205) and Grade

Total Quality Points:

Cumulative GPA:

Approved: (Department Chairman) Date:

Approved: (Dean, School of Natural Sciences & Mathematics) Date:

Approved: (Senior Vice President for Academic Affairs) Date:

Approved: (Dean of Enrollment Service) Date: