**STUDENT INFORMATION**

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| **Name:** | **NAU ID:** |
| **NAU E-mail Address:** | **Phone Number:** |
| **Term of Admission:** | **Expected Graduation Term/Year:** |
| **Advisor:** | **Required Credits for Degree Program: 34** |

# **Required Courses (13 units required)**

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| **Course** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| CYB 502 | Applied Cryptography |  |  |  |  |  |  |
| CYB 504 | Network Security |  |  |  |  |  |  |
| MGBA 500 | Accounting and Financial Decision Making I |  |  |  |  |  |  |
| MGBA 520 | Statistics for Managerial Decision Making |  |  |  |  |  |  |
| MGBA 640 | Information Communication & Technology |  |  |  |  |  |  |

**II. Cybersecurity (CYB) electives (9 units required)**

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| **Course** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
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**III. Additional electives (6 units required):** Chosen in consultation with your advisor

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| **Course** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
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**IV. Graduate Research or Professional Development (6 units required):** CYB 685, CYB 687

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| **Course** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
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**ADDITIONAL INFORMATION**

This Program of Study documents your progress on your academic requirements for the degree and catalog year listed above. For Department of Defense-related requirements, it serves as the evaluated and approved educational plan.

In addition to all University and Office of Graduate & Professional Studies (OGPS) policies, procedures, and requirements, graduate students must also adhere to the academic requirements, policies, procedures, and criteria outlined by their program’s Graduate Student Handbook.

**Students:**

You must secure official approval by your advisor and Department Chair/Director before submitting your final Program of Study for graduation.

By signing or entering your name below, you agree to the following statement:

*“Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan for their catalog year and adhering to all policies in the Academic Catalog.”*

**Advisors and Chairs/Directors:**

Please indicate approval of the curriculum on the Program of Study by placing your signature (formal digital signatures are permitted) in the space provided.

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| **Student:** | **Date:** |
| **Advisor:** | **Date:** |
| **Chair:** | **Date:** |

**\*\*Transfer/Previous Graduate Degree/Internal Transfer/Accelerated (T/P/I/A)** – Must have Advisor approval

Transfer T = Course transferred from another university

Previous Graduate Degree P = Course taken at NAU from previous graduate degree

Internal Transfer I = Graduate-level course taken as undergraduate; Not applied to undergraduate degree

Accelerated Program “Dual-use” A = Courses completed during the undergraduate career and used to satisfy both the Bachelor’s and Master’s degree requirements. ONLY for designated Accelerated students.