

INFORMATION SECURITY PRACTICUM (CS 6266)



This form is for students in the Master of Science in Information Security Program (MS-INFS). Complete this form in consultation with the Information Security Program Coordinator, and then bring it and then bring it to your Graduate Student Affairs office. NOTE: ALL FORMS ARE DUE BY THE FIRST DAY OF CLASSES

Student Name (please print): _____

GT ID Number: _____ **Email:** _____

Academic Term: Fall Spring Summer **Year:** 201____

Credit Hours: 5 **NOTE:** Each credit hour must represent AT LEAST 50-60 hours of work by the student.

Guided Study Outline or Attach Statement of Research

Project Title (please print): _____

The project proposal should be about 2 or 3 pages and should include the following:

- Problem Statement or Project Goals
- Solution Proposal or Approach
- Schedule of Work
- Expected Results or Outcome (Deliverables)

Method of Evaluation (Required):

Term Paper Examination Article for Publication Demo

The attached proposal was developed under the advisement of a faculty member and is a fair representation of the work I expect to accomplish to complete this project.

Student's Signature: _____ **Date:** _____

NOTE: It is your responsibility to register for the course after the permit has been placed on the registration system. The act of being permitted to the course by the faculty member does not register you in the course.

Information Security Program Coordinator Approval:

NOTE: Each credit hour must represent AT LEAST 50-60 hours of work by the student.

Name _____

Signature _____ **Date:** _____