

**WESTERN NEW MEXICO UNIVERSITY**  
**Degree Plan - Graduate Certificate - Management Information Systems (0518)**  
**School of Business**

**Student Name:** \_\_\_\_\_

**ID#** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

(Please include street, city, state, & zip code)

**Email:** \_\_\_\_\_

**Expected Completion:** \_\_\_\_\_

**Date Admitted to Graduate School:** \_\_\_\_\_

**Catalog Authority:** \_\_\_\_\_

**Management Information Systems Core Requirement (6)**

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
MIS 501 Introduction to Information Systems (3)	_____	_____	MIS 505 MIS for Managers (3)	_____	_____

**Management Information Systems Electives (12)**

**Pick four of the following courses:**

MIS 515 Advanced Concepts of Database Management (3)	_____	_____	MIS 525 Digital Forensics I (3)	_____	_____
MIS 526 Digital Forensics II (3)	_____	_____	MIS 535 e-Commerce (3)	_____	_____
MIS 540 Information Warfare (3)	_____	_____	MIS 546 Transnational Criminal Justice (3)	_____	_____
MIS 567 Information Systems Network (3)	_____	_____			

**Total Credit Hours:** \_\_\_\_\_  
(18 hours required.)

**Copy to Registrar on:** Date: \_\_\_\_\_

**Grad. Audit sent on:** Date: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**Associate Dean** \_\_\_\_\_

Date: \_\_\_\_\_

**Director of Graduate Division:** \_\_\_\_\_

Date: \_\_\_\_\_

Note: All graduate credit, including transfer credit, must have been earned within the seven years prior to issuance of the graduate degree.