

Name: _____ GW Email: _____ GWid: _____

Reason (check all that apply): Initial Plan Update Requesting DegreeMAP updates Final Plan (*submit after registered for final term*)

Courses should be selected according to the MIS curriculum (available at: elliott.gwu.edu) and in consultation with the Program Director. Students must complete 19 credit hours in residence at GW. Nine credit hours must be transferred from the student's previous Master's program at the partner institution. Below list all courses you plan to take and the semester in which you plan to take them.

Note: 28 credit hours (9 transfer + 19 in residence) must be completed for this degree. Please print in **black** or **blue** ink.

Partner Institution: _____

Course	Course Title	(Credits)/Semester	Course	Course Title	(Credits)/Semester
Core Field (9 credits)			Electives (3 credits)		
Equivalent courses are transferred from the partner institution. If core requirements are not satisfied by previous coursework, students must take core courses in lieu of electives.			Up to 3 credit hours of elective may be skills-based courses.		
Economics:	_____	()	_____	_____	()
History:	_____	()	_____	_____	()
Political Science:	_____	()	_____	_____	()
Major Field (12 credits)			Language Requirement		
Field Title: _____			Language: _____		
Core Course(s)::			<input type="checkbox"/> Elliott School Exam OR <input type="checkbox"/> External Exam <input type="checkbox"/> Prior Coursework <input type="checkbox"/> Additional Coursework <input type="checkbox"/> TOEFL Exam during admissions		
_____	_____	()	Full descriptions of each method of assessment available online.		
_____	_____	()	Target Completion Semester: _____		
Supporting Courses:			*I understand that I must complete the language proficiency requirement via one of the above methods to receive my degree.		
_____	_____	()	*Signature: <input type="text"/>		
_____	_____	()	Capstone Course (4 credits)		
_____	_____	()	Must be completed during fall and spring semesters.		
_____	_____	()	IAFF 6898 (1 cr.): _____		
_____	_____	()	IAFF 6899 (3 cr.): _____		

Program Director Content Review: _____

 Authorized Signature _____ Date _____

ESIA Academic Advising Requirement Review: _____

 Comments: _____

 Authorized Signature _____ Date _____