Approval Form for *Applied Computer Science* Program of Study
Computer Science, School of EECS, Oregon State University

The *Applied Computer Science* option requires an approved program of study for each student.
Students should file this petition at latest by the end of their second term in the professional program.

Students build their own program of study, to include their choice of CS Electives plus an Applied CS Program.
The Computer Science Undergraduate Curriculum Committee reviews these programs of study for approval.

The Applied CS Program must meet the following conditions:

- Minimum of 32 credits.
- Minimum of 12 upper division credits with prerequisites from within the applied program.
- Coherent body of knowledge where applications of computer science could play an important role.
- All applied program courses must be passed with C or better grades.

Existing OSU minors may be proposed for use both as an Applied CS Program and as a minor.
The Multimedia Minor is pre-approved as an Applied CS program.

Student Name: _____ Student ID: _____

Applied CS Program Name (e.g., Music): _____

CS Electives to support Applied CS Program goals (from list of approved CS electives):

Course	**Course Title**	**Prerequisites**
_____	_____	_____
_____	_____	_____

Courses in the Applied CS Program (identify which have prerequisites and what the prerequisites are):

Course	**Course Title**	**Credit Hours**	**Prerequisites**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL _____ (must be 32 credits or more)

Attach a one-page description of how you expect to use computer science to make a contribution to your applied area. Specifically, what would a BS/BA in CS allow you to do for this applied area that basic programming skills would not?

ACTION TAKEN:

Approved ___ Denied___ Date _____ Head Advisor Signature _____

Approved ___ Denied___ Date _____ Committee Signature _____

Revised 06/11/2009