## Plan of Work INFORMATION MANAGEMENT CERTIFICATE School of Information Sciences

[THIS DOCUMENT IS AN INTEGRAL COMPONENT OF YOUR CAREER PLAN]

Name:				WSU ID:		
	Last		First	Maiden or Middle		
Home Add	lress:			City:		
State:	Zip	o:		Country (if not U.S.):		
Phone:				E-mail:		
Term/Yea	r of First SIS	class tak	(en:			
Specializat	tion:			Information Management		
			<u>cou</u>	RSES COMPLETED AND PROPOSED		
				IM Electives (select 5)		
School	Term/Yr.	Dept.	Course	Course Title	Credits	Grade
WSU		INF	6050	Computer Programming	3	
WSU		INF	6415	Project Management	3	
WSU		INF	6420	Web Development	3	
WSU		INF	6460	Database Design and SQL	3	
WSU		INF	6490	Statistics and Data Analysis	3	
WSU		INF	7430	UNIX/LINUX Server Management	3	
WSU		INF	7455	Human-Computer Interaction	3	
WSU		INF	7470	Information Architecture	3	
WSU		INF	7491	Applied Data Analytics	3	
WSU		INF	7492	Information Visualization	3	
WSU		INF	7500	Information Behavior	3	
WSU		INF	7610	Health Sciences Information Services and Resources	3	
WSU		INF	7620	Health Informatics	3	
WSU		INF	7960	Practicum: Information Science	3	
WSU		INF	8000	Seminar in Information Policy	3	
WSU		INF	8410	Topics in Information Management	3	
**Prograr	n completion	date:		Total number of credit hours required:	15	<b>_</b>
				s been completed? al for all transfer credits.	Yes	No
Petition for Admission to Candidacy:				 Student's signature	Date	
Plan of Work approved and Candidacy recommended by:				Advisor's signature	Date	
Candidacy	authorized	hy SIS.				
Candidacy authorized by SIS:				Reviewed by	Date	

\* Under no circumstances may undergraduate credits be used toward this graduate certificate

\*\*All certificate requirements and course work must be completed within 3 years of first recorded semester grade to be used for certificate

STUDENTS MUST HAVE FACULTY APPROVAL FOR ANY CHANGES IN PLAN OF WORK PRIOR TO REGISTRATION