

Intent to Enroll - Graduate Certificate in Computational Modeling Computational Mathematics, Science & Engineering

Name: _____
 Email: _____

PID: _____

Program Code / Name: **#8086 - Computational Modeling Graduate Certificate**

For Graduate Certificate Requirements, please see: <https://cmse.msu.edu/academics/graduate-program/grad-certificates/computational-modeling/>

IMPORTANT DETAILS: In the table below, please indicate the courses you will be taking and the semester in which you intend to complete these courses. You will need to complete a minimum of 9 credits of coursework. This form must be completed and filed with the CMSE graduate secretary if you wish to pursue a Certificate in Computation Modeling.

Graduate Certificate in Computational Modeling	Semester Courses Will be Taken
<p>1. Any two of the CMSE core graduate courses (6 credits)</p> <p>_____ CMSE-801, Introduction to Computational Modeling (3 credits) _____ CMSE-802, Methods in Computational Modeling (3 credits) _____ CMSE-820, Mathematical Foundations of Data Science (3 credits) _____ CMSE-821, Numerical methods for differential equations _____ CMSE/CSE-822, Parallel programming (3 credits) _____ CMSE-823, Numerical Linear Algebra, I (3 credits)</p>	
<p>2. One or more additional courses, which may include further CMSE courses at the 400 level or above (including from the list of core CMSE graduate courses in List 1), courses from a pre-approved list of non-CMSE courses (consult the Graduate Handbook for more information), or other computational science or data science-focused courses at the 400 level or above as approved by the CMSE graduate advisor (3 or more credits).</p> <p>Please list the Course Number(s)/Course Name(s)/Credits:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Semester Course(s) Will be Taken</p> <p>_____</p> <p>_____</p> <p>_____</p>

Additional Notes:

(Please see page 2 for required signatures)

Student: I attest that the information provided on this form is accurate.

Student Signature

Date

Primary Department: _____

or

Certificate Student Only/No other Program: _____

Program Advisor: I have reviewed the student's program plan and, based on this review and the student's good academic standing in our program, approve their intent to pursue the Graduate Certificate in Computational Modeling. *(Not required for Certificate only students)*

Program Advisor Signature

Date

After providing the signatures listed above please forward this form to the CMSE Graduate Secretary, Heather Johnson, at #1501 Engineering Building or john1451@msu.edu. She will acquire the signature listed below.

CMSE Program Director signature on this form certifies that the program plan described in this document meets all of the requirements for the Graduate Certificate in Computational Modeling.

CMSE Program Director

Date

For CMSE Department Use Only

Requested Code w/ EGR College Dean's Office: _____

Code Added to Student Record on SIS: _____

Updated Certificate Database: _____