

Business Analytics & Data Science Minor

Department of Business and Information Technology

Missouri University of Science and Technology

PLEASE RETURN COMPLETED FORM TO MINOR DEPT.

Name: _____ Student ID: _____

Local Address: _____

Primary Dept.: _____

Primary Advisor: _____

Expected graduation date: _____ Today's date: _____

Courses selected for minor program (minor advisor must initial any courses requiring special permission and any substitutions for courses planned):

Course Title	Number	Credit hrs.	Semester taken / Grade received
Intro to Mgmt Info Systems	IST 1750 (50)	3	/
Database Management	IST 3423 (223)	3	/
Intro to Data Science & Management	IST 3420	3	/
Intro to Information Visualization	IST 4450	3	/
Business Analytics & Data Science	IST 5420	3	/

Signature (Student) _____ Date: _____

Signature (Minor Advisor) _____ Date: _____

Signature (Dept. Chair) _____ Date: _____

cc: ORIGINAL TO REGISTRAR'S OFFICE
Student
Major Advisor
Minor Advisor

Last updated: 2/10/15