DIGITAL FORENSICS or CYBER SECURITY PROGRAM OF STUDY

STUDENT INFORMATION

STUDENT’S LAST NAME:
___________________________________________________________

STUDENT’S FIRST NAME:
___________________________________________________________

9 DIGIT URI ID # (not SSN):
___________________________________________________________

URI E-MAIL ADDRESS:
___________________________________________________________

COURSE INFORMATION

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<th>Course Name</th>
<th>Semester</th>
<th>Year</th>
<th>Credits</th>
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