

**Computer Science**  
**Track Selection Form**

Student Section

Student Name:

ID Number:

GPA:

**Track Selection**

(in the box, put 1 for First choice, 2 for Second choice)

Software Engineering  Computer Security

Student Signature:

Date:

Academic Adviser Section

**Academic Adviser Opinion**

	SOFTWARE ENGINEERING	COMPUTER SECURITY
1. STUDENT PERFORMANCE IN COURSES RELATED TO TRACK	L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>	L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>
2. STUDENT SKILLS "DISCUSSION"	<input type="checkbox"/> Related <input type="checkbox"/> Not Related	<input type="checkbox"/> Related <input type="checkbox"/> Not Related
3. BUSINESS NEEDS AWARENESS "DISCUSSION"	<input type="checkbox"/> Aware <input type="checkbox"/> Not Aware	<input type="checkbox"/> Aware <input type="checkbox"/> Not Aware

Name and Signature

Date

Department Head Section

**Department Head Approval**

Yes  
 No

Reasons in case not approved:

Name and Signature

Date