



Program Declaration Form

Please fax this form to 703.790.3287.

Name: _____ Date of Program Start: ____/____/____
(Please Print) Last First MI MM YEAR

Social Security Number: _____

I wish to enroll in the following program(s): (Check all that apply)

Doctorate in Information Assurance (DIA)

Master of Science in Information Security Management (MSISM)

With the following specialization(s): (Check all that apply)

- Information Security Analysis
- Information Security Auditing
- Information Security Compliance
- Information Security Engineering

Graduate Certificate Program(s): (Check all that apply)

- Best Practices in Information Security
- Disaster Recovery and Continuity Planning
- Information Security Analysis
- Information Security Assessment Methods (IAM)
- Information Security Auditing
- Information Security Compliance
- Information Security Engineering
- Information Security Evaluation Methods (IEM)
- Information Security for the Enterprise
- Information Security Planning and Analysis
- Information Security Program Management Strategies
- Information Security Project Management

Student Signature: _____ Date: _____