Instructions: This form should be completed by students concurrently enrolled in a degree granting program at MSU, and turned into the Department of Media & Information Academic Programs Office, 425 CAS, before your admission into the program can be processed. Please Note: Any changes to your course enrollment plans as reported on this form require a new form to be completed and turned into 425 CAS. (Note for GRC2 only students: your admission to the program does not require this form, as it is automatically processed. HOWEVER – you are still required to submit this form by the middle of your first semester of enrollment, and re-submit this form, if your course enrollment plans change during the course of your studies.)

Last Name: ______________________________    First Name: ______________________________

MSU Net ID:_____________________________    Semester Admitted:________________________

Please select one:

___________ MSU Graduate Student

Please list your MSU degree program here.

OR

___________ Certificate Only Student

Degree Granting Student: _________    Program Code Added: ____________

GRC2 Only Student: __________

Verification of Completion Form sent to RO: _____________

Required Courses

<table>
<thead>
<tr>
<th>Approved</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Credits</th>
<th>Semester</th>
<th>Grade</th>
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<tr>
<td></td>
<td>TC 830</td>
<td>Foundations of Serious Games</td>
<td>3</td>
<td></td>
<td></td>
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<td></td>
<td>TC 831</td>
<td>Theories of Games and Interaction for Design</td>
<td>3</td>
<td></td>
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<td></td>
<td>TC 841</td>
<td>Understanding Users</td>
<td>3</td>
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</tr>
</tbody>
</table>

*This course is being accepted as a substitute for TC 841 “Understanding Users”

___________________________________________________________  ____________
Academic Advisor or Director of SGD GRC2’s Signature                   Date

___________________________________________________________  ____________
Director of MI Graduate Studies’ Signature                     Date

You are expected to retain a copy of this form with your advisor’s signature. In order to apply for completion of the certificate, you need to sign the copy below and return this form to 425 Com Arts AFTER the 8th week of the semester of the last course listed above.

__________________________________________  ____________  ____________
Student Signature            Date   Semester of Certificate Completion