Bachelor of Science in Information Technology
Second Degree Worksheet

Please note: The following 30 credits must be completed at UMass Lowell

Previous Bachelor’s Degree: ____________________________________________________________ [n.b. Degree must have different nomenclature from the previous degree]
Institution: __________________________________________________________________________________________
Major: ___________________________________________ Date Awarded: ____________________________________________________________________________

The following courses must be at the 2100 level or above:

INFO.___ ___ (3) IT Elective ___________________________________________________________________
INFO.___ ___ (3) IT Elective ___________________________________________________________________
INFO.___ ___ (3) IT Elective ___________________________________________________________________
INFO.___ ___ (3) IT Elective ___________________________________________________________________
INFO.___ ___ (3) IT Elective ___________________________________________________________________

The following courses must be at the 3000 or 4000 level:

INFO.___ ___ (3) IT Elective ___________________________________________________________________
INFO.___ ___ (3) IT Elective ___________________________________________________________________
INFO.___ ___ (3) IT Elective ___________________________________________________________________

Required Courses:

INFO.4770 ___ (3) Project-Based Information Systems - Part I
INFO.4780 ___ (3) Project-Based Information Systems - Part II

OR INFO.4800 ___ (6) Project-Based Information Systems

Please Note: This worksheet is for informational purposes only; the official worksheet should be completed by the IT Program Coordinator.

Comments: ____________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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__________________________________________________________________________________________

Coordinator: ___________________________________________________________________________ Date: ___________ Accepted: ________
Approved: ___________________________________________________________________________ Date: ___________