

DECLARATION OF SPECIALIZATION MASTER OF SCIENCE IN PROTECTION MANAGEMENT

Please declare the classes you have completed, are currently taking, and those you plan to register for (indicate anticipated semester).

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First Name:	Last Name:				
EMPLID:	Email Address:				
SPECIALIZATION:	☐ Fire Protection Management	☐ Security Ma	anagement	☐ Emergency Management	
Fire Protection Managen	nent – Select three courses				
□ <u>PMT 703</u>	Analysis of Building and Fire Codes				
□ <u>PMT 751</u>	Contemporary Fire Protection Issues				
□ <u>PMT 752</u>	Advanced Fire Protection Systems				
Security Management – S	Select three courses				
☐ <u>CRJ 750</u> / <u>PAD 750</u>	Security of Information and Technology				
☐ <u>CRJ 754/PAD 754</u>	Investigative Techniques				
□ <u>PMT 753</u>	Theory and Design of Security Systems				
□ <u>PMT 754</u>	Contemporary Issues in Security Management				
☐ <u>SEC 733</u>	Legal, Regulatory and Administrative Issues in Private Sector Justice				
Emergency Management	t – Select three courses				
2 Required Courses (6	6 credits)				
□ <u>PMT 760</u>	Emergency Management: Mitigation and Recovery				
□ <u>PMT 763</u>	Emergency Management: Preparedness				
1 Elective (3 credits)					
□ <u>PMT 761</u>	Technology in Emergency Manag	Technology in Emergency Management			
□ <u>PMT 762</u>	Business Continuity Planning				
Student Signature (required):			Date:	
	e completed form to Jay Expre	•	-	@jjay.cuny.edu	
		ffice Use Only			
Fall	Winter	Spring	Sumr	mer	
Rec'd By:	Date Rec'd:				