ILLINOIS INSTITUTE OF TECHNOLOGY School of Applied Technology

ITMD 536 Software Testing and Maintenance - Fall 2018 - Project Questionnaire

Last Name:	First Name:
Name I would prefer to b	e called:
Preferred Email Address	
Daytime Telephone #: (Evening Telephone #: ()
Graduate Major:	Degree (i.e. M.S., etc.):
College/University:	
IT Experience	
Previous Experience in Ir	formation Technology: Some professional experience \square IT Professional \square I am the $Ubergeek$ \square
IT Industry Certification	s Held (i.e. MSP, MCSE, CCNA, A+, etc.; please list all):
Systems Analyst Database Administrator Programmer/Analyst Help Desk Technician Consultant	nager □ Computer Technician □ Technical Support Representative
Other Title:	
Current/most recent Jo	b Title (even if not IT related):
Current/most recent En	nployer:
Other Information	
	on: Chicago (Main Campus) Other (please explain)
Do you have any experience assignment to a project team	e in or specific knowledge of information security that might be relevant to n? Yes □ No □ I'm not sure □
If you answered Yes or "I'r in your Blackboard comme	n not sure", please identify & explain your specific experience or knowledge nts.