

PLAN OF STUDY

ELECTRICAL AND COMPUTER ENGINEERING MASTER'S DEGREE PROGRAM

Name: _____ Student ID: _____ Date: _____

Expected Graduation Date: _____ Major: _____

PLAN I: *Thesis* _____ **Plan II:** *Course* _____ **AMP Student:** _____

UNDERGRADUATE COURSES REQUIRED TO SATISFY DEFICIENCIES

Course Number	Course Title	Grade	Sem/Year	Course Number	Course Title	Grade	Sem/Year

MSEE REQUIRED COURSES

Course Number	Course Title	Grade	Sem/Year	Course Number	Course Title	Grade	Sem/Year

GRADUATE COURSES¹

Course Number	Course Title	Grade	Sem/Year	Course Number	Course Title	Grade	Sem/Year

TRANSFER COURSES (subject to Graduate School approval):

Course Number	Course Title	Grade	Sem/Year	Course Number	Course Title	Grade	Sem/Year

 Advisor Signature Date Student Signature Date

¹ 1. Please note that by signing this document, the faculty is not committing the Department to offer the listed courses. If the courses are not available according to the student's schedule, the student is responsible for working with their advisor to create an alternative plan.