PLAN OF STUDY

ELECTRICAL AND COMPUTER ENGINEERING MASTER'S DEGREE PROGRAM

Name: _____ Student ID: _____ Date: _____

Expected graduation date: _____

☐ Thesis option ☐ Non-thesis option ☐ AMP student

UNDERGRADUATE COURSES REQUIRED TO SATISFY DEFICIENCIES

Course Number	Course Title	Grade	Semester/Year

GRADUATE COURSES [1]

Course Number	Course Title	Grade	Semester/Year

TRANSFER COURSES (subject to Graduate School approval):

Course Number	Course Title	Grade	Semester/Year

[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.

TRANSFER COURSES (continued)

Course Number	Course Title	Grade	Semester/Year

Advisor Signature	Date	Student Signature	Date