PLAN OF STUDY

ELECTRICAL AND COMPUTER ENGINEERING DOCTORAL DEGREE PROGRAM

Name: _____ Student ID: _____ Date: _____

Expected graduation date: _____

Dissertation title: _____
_____

PREVIOUS DEGREES

Date Bachelor of Science degree received: _____
Date Master of Science degree received: _____

PHD DATES

Preliminary exam date: _____
Comprehensive exam date: _____
Final exam date: _____

UNDERGRADUATE COURSES REQUIRED TO SATISFY DEFICIENCIES

Course Number	Course Title	Grade	Semester/Year

GRADUATE COURSES [1]

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.

GRADUATE COURSES (continued)

Course Number	Course Title	Grade	Semester/Year

TRANSFER COURSES (subject to Graduate School approval):

Course Number	Course Title	Grade	Semester/Year

COMMITTEE MEMBERS

Name	Department

_____ _____ _____ _____

Advisor Signature Date Student Signature Date