

PLAN OF STUDY: MSEE DEGREE

NEW PLAN - DATE _____
 REVISION - DATE _____

EXPECTED GRADUATION DATE _____
 Original plan: _____

NAME: _____
 ADDRESS: _____
 PHONE (W): _____ PHONE (H): _____
 E-MAIL: _____
 MAJOR AREA: _____ PLAN I (with thesis) _____ PLAN II _____

ADVISOR SIGNATURE _____ STUDENT SIGNATURE _____
 Advisor

GRADUATE STUDIES COMMITTEE APPROVAL - Chairman: _____ Date _____

UNDERGRADUATE COURSES REQUIRED TO SATISFY DEFICIENCIES:

<u>COURSE NUMBER</u>	<u>COURSE TITLE</u>	<u>GRADE</u>	<u>TAKEN</u>	<u>COURSE NUMBER</u>	<u>COURSE TITLE</u>	<u>GRADE</u>	<u>TAKEN</u>

GRADUATE COURSES: _____ Verified by: _____

<u>COURSE NUMBER</u>	<u>COURSE TITLE</u>	<u>GRADE</u>	<u>TAKEN</u>	<u>COURSE NUMBER</u>	<u>COURSE TITLE</u>	<u>GRADE</u>	<u>TAKEN</u>

(Thesis - 8 3-credit courses + 6 credits thesis)
 (Non-thesis 10 3-credit courses) (Independent Study 6 credits max)

TRANSFER COURSES: (Subject to Graduate School approval)

<u>COURSE NUMBER</u>	<u>COURSE TITLE</u>	<u>GRADE</u>	<u>CREDIT HOURS</u>	<u>SENT TO GRAD SCHOOL</u>	<u>ACCEPTED BY GRAD SCHOOL</u>