MASTER'S DRAFT
PLAN OF STUDY

Dept. of Electrical and Computer Engineering

Submit the completed form to the ECE Graduate Studies Office (room ECE 242) during the first semester of study.

Name:		
Student ID:	Home Phone:	Office Phone:
Address & Zip Code:		
ECE E-Mail Account:	@ece.arizona.edu	
Expected Graduation Date:		
Faculty Advisor:		

UA Coursework: **Degree plan:** ❑ M.S. ❑ M.Eng.

Department, Course Number, and Title	Semester and Year	Units	Grade
Thesis/project coursework (List ECE 910 for M.S. or ECE 909 for M.Eng.):			

Transfer coursework (attach course descriptions and/or syllabi):

Institution, Department, Course Number, and Title	Semester and Year	Units	Grade

Student Signature: _____ Date: _____

Faculty Advisor Approval: _____ Date: _____

Check one: ❑ Initial Faculty Advisor ❑ Thesis Faculty Advisor

Director of Graduate Studies Approval: _____ Date: _____