**THE ELECTRICAL AND COMPUTER ENGINEERING**

**PROGRAM OF STUDY**

**FOR THE MASTER’S DEGREE**

MS Thesis MS Project MS Coursework

Electrical Engineering Computer Engineering

Full Legal Name: UofU ID#

Permanent Address: Telephone:

Degree Previously Received (BS, MS etc.) Institution Year:

Degree Previously Received (BS, MS etc.) Institution Year:

Expected Graduation Date: semester, 20 \_\_\_

Proposed title of thesis or project:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Institution** | **When Registered** | **Department Course #** | **Course Title** | **Major/ Allied** | **Credit Hours** | **Grade** |
| U of xxxxx | Sem 1999 | ECE –xxxx | Example Course Title | Major | 3 | A |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

*Supervisory Committee:*

Name Signature Date

Chairperson

Name Signature Date

Name Signature Date

*Graduate Director*

Name Signature Date