

M.S. ELECTRICAL ENGINEERING - (EE)

PROGRAM OF STUDY

Matriculated Fall 2011- Summer 2015

CHECK HERE
IF THIS IS A
REVISED
PROGRAM OF
STUDY

Admitted: drop down box

Name: _____
First Name, Last Name

SUID# _____

Address: _____

Telephone Number: - - SU E-mail:

Projected Graduation Date: *Month and Year*

PREVIOUS DEGREES:

ex. month (01-12) and year (2011)

DEGREE: INSTITUTION:

GRAD DATE:

DEGREE: INSTITUTION:

GRAD DATE:

OTHER S.U. DEGREES BEING SOUGHT OR CONFERRED:

DEGREE: GRAD DATE:

DEGREE: GRAD DATE:

NOTE: Submit a copy of each Program of Study that is sharing coursework with this one.

PROGRAM DIRECTOR: Dr. Ghosh

APPROVING SIGNATURE(S): *(Department will get these signatures)*

ADVISOR _____ DATE _____

DEPT. CHAIR/GRAD. PROG. DIR. _____ DATE _____

TOTAL CREDITS FOR DEGREE _____