



University of
Massachusetts
Dartmouth

Department of
Electrical and Computer Engineering
508 910-6619

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North Dartmouth
Massachusetts, 02747-2300

MSCPE, GRADUATE PROGRAM OF STUDY

TO: The ECE Graduate Program Director

Student Name: _____ Advisor: _____

Local Address: _____ Telephone: _____

Email Address: _____

Track: THESIS / PROJECT / COURSEWORK* (circle one)

*If choosing the coursework track, include information about your related industrial experience as an attachment.

Year: Semester:	_____	_____	_____	_____
Courses, include project, thesis, independent study and directed study:				

I plan to satisfy the graduate Math requirement with the following course: _____

I plan to satisfy the specialization requirement with the following two courses:

I plan to satisfy the breadth requirement with the following course:

Note: Use multiple copies of this form if necessary to include every semester you plan to be registered.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____