



University of  
Massachusetts  
Dartmouth

Department of  
Electrical and Computer Engineering  
508 910-6619

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North Dartmouth  
Massachusetts, 02747-2300

## MSEE, 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:				

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

I plan to take the following two required introductory-level graduate courses (from list of 6):

\_\_\_\_\_

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

\_\_\_\_\_

Note: If necessary, use multiple copies of this form to include every semester you plan to be registered.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_