

Master of Science in Electrical or Computer Engineering
Plan of Study

This plan of study must be completed and signed by your advisor by the end of your second semester. If you select the Thesis or Project options, your committee must consist of at least three faculty members. For the Exam option, only your advisor's signature is required. If you are requesting a change of advisor, both the current and the requested new advisor's signatures are required.

Last Name: _____ First Name: _____ Student ID #: 80 _____

Email: _____@uncc.edu Admission Term (semester): _____

Degree Program (choose one): _____

Have you submitted a previous plan? _____ If yes, when? _____

If this is an updated plan, what are you changing? Advisor Courses MS Option Technical Area of Focus Other

Number of Credit Hours Completed: _____ Anticipated Graduation Term: _____

MS Option: _____

Tentative Thesis or Project Title: _____

If MSEE, please select main Technical Area of Focus: _____

List all the graduate courses you have taken/plan to take to meet the degree requirements:

Dept/ Course #	Course Title	Credits	Grade	Institution (if other than UNCC)	Semester/ Year	Transfer Course?

	Name (Please Print)	Signature
Current Advisor (if different than requested)		
Requested Faculty Advisor (Thesis and Project Committee Chair)		
Member 1 (Required for Thesis and Project Option)		
Member 2 (Required for Thesis and Project Option)		
Member 3 (if applicable)		

Student Signature: _____

Date: _____