

# M.S. in Telecommunications Master's Degree Plan of Study

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
 G Number: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Date Admitted: \_\_\_\_\_  
Degree Provisional Non-Degree

Catalog Year: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Advisor: \_\_\_\_\_ Certificate(s): \_\_\_\_\_

Research Interests: \_\_\_\_\_

This plan should be kept up to date based on consultation with student's advisor. Consequent changes should be appropriately annotated on the student's and TCOM file copy. A final, signed, version must be submitted by the student with the graduation application.

	<u>COURSE</u>	<u>TITLE</u>	<u>SEMESTER</u>	<u>GRADE</u>
Core:	_____	_____	_____	_____
Core:	_____	_____	_____	_____
Core:	_____	_____	_____	_____
Core:	_____	_____	_____	_____
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8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Remarks: Remediation Required/Substitutions/Waivers/Justifications

Approved by

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Printed Name