UCLA ELECTRICAL ENGINEERING DEPARTMENT
PROPOSED MASTER OF SCIENCE PROGRAM OF STUDY

☐ NEW or ☐ REVISED

__________________________________________________________________________

Student Name (Last, First)

__________________________________________________________________________

Email Address

Date: _______________ UID#: ______________________ Advisor: __________________

Quarter Admitted into MS: _______________ Anticipated Quarter of Graduation: _______________

☐ Comprehensives Exam — Courses/Non-Thesis

☐ Comprehensive Exam — Project/Non-Thesis

☐ Thesis

- EE 297
- 9 Lecture Courses
  - At least 5 must be a 4-unit lecture course within your AREA
  - A maximum of ONE course may be a 4-unit upper-division undergraduate course (if justified and approved on next page)
  - Must maintain a minimum of 3.0 average on Comprehensive Exam Scores.

- EE 297
- 8 Lecture Courses
  - At least 5 must be a 4-unit lecture course within your AREA
  - A maximum of ONE course may be a 4-unit upper-division undergraduate course (if justified and approved on next page)
  - EE 299 Project Course

- EE 297
- 7 Lecture Courses
  - At least 4 must be a 4-unit lecture course within your AREA
  - A maximum of ONE course may be a 4-unit upper-division undergraduate course (if justified and approved on next page)

- 8 units of EE 598 Thesis Preparation

COURSE NUMBER
(E.G., EE210A)

AREA
(CES, PWE, SS, OR OTHER—NOTE: EE 297, 299, AND 598 SHOULD ALL BE LISTED AS OTHER)

INSTRUCTOR
(REQUIRED FOR SPECIAL TOPICS COURSES & EE 299)

QUARTER & YEAR
(REQUIRED IF COURSE HAS BEEN COMPLETED)

GRADE
(REQUIRED IF COURSE HAS BEEN COMPLETED)

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COMPREHENSIVE EXAM SCORE AVERAGE: _______ (can be found under your EE web log-in)
Master of Science Program of Study for ________________________________

Student Name (Last, First)

Justification: Provide a justification for any undergraduate course or any course outside of Engineering and Mathematical Sciences. The justification must explain how the proposed program of study consists of a coherent set of courses, and how courses serve the student’s professional objectives.

________________________________________________________________________________________
Signature of Student

Date

________________________________________________________________________________________
Signature of Student’s Faculty Advisor

Date

________________________________________________________________________________________
Signature of Student Affairs Officer

Date

________________________________________________________________________________________
Signature of Departmental Graduate Advisor

Date

**Do Not Write Below This Line**

Date Entered______________ Date Emailed______________ Initials______________

08/16