

**Department of Electrical and Computer Engineering
Master of Science in Engineering (MSE)
Registration Advising Form**

Student Name: _____

Email: _____ **Date:** _____

Concentration area:

Computer Engineering Electrical Engineering Systems Engineering

Thesis or Non-Thesis Option (please select): Please choose

Advisor Name: _____ **Advisor Signature:** _____

Semester: _____

| Course Number | Course Name | Days/Times |
|---------------|-------------|------------|
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| | | |

Plan of Study progress (please include below all courses that you have taken in the past and those list in the table above):

| Category | Course Number | Course Name | Semester |
|---|---------------|-------------|----------|
| Core | | | |
| Core | | | |
| Core | | | |
| Core | | | |
| Engineering Elective | | | |
| Engineering Elective | | | |
| Engineering/MATH/STAT/CS/ACS/Technology | | | |
| Engineering/MATH/STAT/CS/ACS/Technology | | | |
| General Elective or ECE69800 | | | |
| General Elective or ECE69800 | | | |

Date Degree Expected: _____