

**University of Massachusetts Amherst**  
*College of Engineering*  
*Department of Electrical and Computer Engineering*

**Five-Year B.S./M.S. in Electrical and Computer Engineering**  
**Application Form**

Last Name:	First Name:	Middle Initial:
Email: @umass.edu	Student ID Number:	Date of Birth:
Preferred academic advisor for M.S. (optional): Prof.		

Please indicate the areas within ECE that you consider pursuing for your M.S. (check all that apply)			
<input type="checkbox"/> Algorithms for Computational Biology <input type="checkbox"/> Biomedical Electronics <input type="checkbox"/> Physics of Semiconductor Devices <input type="checkbox"/> Physics of Information Processing <input type="checkbox"/> Computational Electronics <input type="checkbox"/> Nanoscale Fabrics and Architectures	<input type="checkbox"/> Antennas and Propagation <input type="checkbox"/> Theoretical and Computational Electromagnetics <input type="checkbox"/> Terahertz, Millimeter, Microwave Circuits and Devices <input type="checkbox"/> Microwave Engineering <input type="checkbox"/> Remote Sensing <input type="checkbox"/> Weather Radar <input type="checkbox"/> Radar Networks	<input type="checkbox"/> Communication and Signal Processing <input type="checkbox"/> Systems and Control Theory <input type="checkbox"/> Wireless Systems <input type="checkbox"/> Computer and Communication Networks	<input type="checkbox"/> VLSI Design <input type="checkbox"/> Computer Architecture <input type="checkbox"/> Real-Time Computing <input type="checkbox"/> Fault-Tolerant Computing <input type="checkbox"/> Computer-Aided Design and Test <input type="checkbox"/> Embedded Systems and Security

Please state briefly why you want to pursue an M.S. in ECE, what areas of ECE interest you, and any other information that may be relevant for the review committee. This information helps to identify a suitable advisor in case of admission.

I hereby apply for admission to the Five-Year B.S./M.S. Program in Electrical and Computer Engineering.

Applicant Signature (type your name here):	Date:
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For use by review committee (do not fill out)		
Completed 300-level courses: <input type="checkbox"/> yes <input type="checkbox"/> no	GPA:	Automatically qualified: <input type="checkbox"/> yes <input type="checkbox"/> no
Committee decision: <input type="checkbox"/> admitted <input type="checkbox"/> not admitted		
Signature:	Date:	Applicant notified on: