UNIVERSITY OF MASSACHUSETTS AMHERST
DEPARTMENT OF ELECTRICAL & COMPUTER ENGINEERING (ECE)

GRADUATE STUDY PLAN for M.S.ECE STUDENTS

*IMPORTANT NOTE: ALL M.S. degree students must return the original, signed Study Plan Form to the Graduate Programs Office before the ADD/DROP deadline EACH semester while enrolled in the ECE M.S. degree program. This plan may be modified, with advisor approval, at any time (revised form must be submitted).

To be completed by the student (before the ADD/DROP deadline for EACH semester):

DATE: ____________________________ PLAN INCLUDES: ____________________________
(all semesters/years, e.g., FA14, SP15)

NAME: ____________________________ STUDENT ID# : ____________________________

EMAIL: ________________@ecs.umass.edu or @umass.edu  LAB PHONE, if applicable: ________________

EDUCATIONAL BACKGROUND (list degrees/certificates received, majors, dates, institutions):

B.S.: Major Area ________________ Date ________________ Institution ____________________________

Other: Type/Major ________________ Date ________________ Institution ____________________________

FINANCIAL SUPPORT status (complete all that apply):

RA: Department: ________________ Hours/week ____ Total for this semester $______________

TA: Department: ________________ Hours/week ____ Total for this semester $______________

Industrial: Company Name: ____________________________

Other (fellowship, work on campus): Source: ________________ Hours/week ____ Total this semester $_______

PROGRAM PLAN:

a. Degree Objective (choose ONE only)   _____ M.S. Thesis    _____ M.S. Non-thesis

b. Major interest area: ____________________________
   (e.g., CSE, CCS, MEL, or SSD)

c. Faculty Advisor Name: ____________________________
   (printed)

d. Entry Semester: ________________

e. Expected graduation date (required): ________________
   (e.g., May 2015)

(OVER)
To be completed by the student in consultation with Faculty Advisor:
M.S. Degree Course Plan (list ALL courses already completed, star(*) those to be (being) taken this current semester) AND LIST ALL COURSES PLANNED FOR THE FUTURE (may be changed with advisor approval):

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<th>Department Course No.</th>
<th>Credits</th>
<th>Title</th>
<th>Semester ~ Year</th>
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THE FOLLOWING MUST BE COMPLETED BY ALL INTERNATIONAL STUDENTS (required) and by U.S. STUDENTS FOR LOAN DEFERMENT:

Current enrollment status for this semester (check/complete all that apply):

- _______ Number of Enrolled Credits
- [ ] Enrolled for LESS than 9 credits.
- [ ] Paying Program Fee
- [ ] on CPT
- [ ] on Leave of Absence

**If any of the following are checked, complete a Status Exception Form.

SIGNATURES:
I have read and certify/approve all information provided on this form:

Advisor's signature

Student's signature

Date

Date

Original: Academic Programs Office, 210 Marcus
Copy: Advisor
Copy: Student

Rev. 09/14