

ECE Preliminary Ph.D. Plan of Study

Name of Student: _____ PUID No.: _____

Date Degree Expected: _____ Primary Area: _____

Area of Specialization: _____ AOS Code: _____

Area	COURSES				Method of Establishing Credit			Date Completed or to be Completed
	Official Title Abbreviation <small>Please group courses in "Primary" (P) & "Related" (R) areas</small>	Subject Abbr.	Course No.	Cr. Hours	Regular Regis.	M.A. M.S.	Other or Transfer From	

Names of Advisory Committee Members	Graduate Faculty Identifier	Approved by Advisory Committee Members (Signature)	Advisor in Area of:
<small>Chair</small>		<small>Chair</small>	

Student Signature:	Date:
Graduate Program Head Signature:	Date: