

## ECE Preliminary Ph.D. Plan of Study

Name of Student: \_\_\_\_\_ PUID No.: \_\_\_\_\_

Date Degree Expected: \_\_\_\_\_ Primary Area: \_\_\_\_\_

Area of Specialization: \_\_\_\_\_ AOS Code: \_\_\_\_\_

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

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