Study Plan

Master of Sciences on Telecommunications

Name:_____ ID No._____

Signature: _____

Area of concentration:

( ) Networking
( ) Communication Systems
( ) Information Administration

Semester admitted:_____

Revision #:
Date:
Approved:

Required Courses	**Course Number/Session**	**Semester**	**Grade**
	ECE673		
	ECE642		
	ECE683/CS652		
	ECE644		
Project/Thesis			
Elective Courses			
Bridge Courses			
Non-degree Courses			