**Sem/Yr Admitted into Program: \_\_\_\_\_\_\_\_\_\_\_**

**Program of Study**

**M. S. in Computer Engineering**

*(Please Check One)*

**Specialization:** **❒** System Design **❒**Network Systems **❒**Embedded Systems   
**❒**Secure Systems **❒**Data Science

**Status: ❒***conditionally classified* **❒***classified*

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SID:** \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

(Last) (First)

**E-mail:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Applicable, please list Sem/Yr taken/planned-

**CMPE 298I:** \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ **OPT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Do not list in boxes below, ONLY above)

**POS must list all courses already taken, currently enrolled in, and plan to take in the future towards the degree!**

(At least 10 courses should be listed below)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type:** | **Course:** | **Sem/Yr:** | **Grade:** | **Remarks:**  **(Planned, Completed or In Progress)** |  | **Writing Requirement:** | **Required:**  **Please Check**  **Yes or No** | **How completed (waived, test, class?), Sem/Yr**  **Completed:** |
| C | CMPE 200 |  |  |  | CMPE 294 | ❒ Yes or ❒ No |  |
| C | CMPE 220 |  |  |  | (Alternative) |  |  |
| C | CMPE 240 |  |  |  | **Conditions:** | **Please Check**  **Yes or No** |  |
| S |  |  |  |  | CMPE 180-90 | ❒ Yes or ❒ No |  |
| S |  |  |  |  | CMPE 180-92 | ❒ Yes or ❒ No |  |
| S |  |  |  |  | CMPE 180-94 | ❒ Yes or ❒ No |  |
| E |  |  |  |  | (Other) | ❒ Yes or ❒ No |  |
| E |  |  |  |  |  |  |  |
| E |  |  |  |  |  |  |  |
| E |  |  |  |  |  |  |  |
| P |  |  |  |  |  |  |  |
| P |  |  |  |  |  |  |  |

(Type: C- Degree Core, S- Specialization Core, E- Program Elective, N- Non-program Elective, P- Thesis/Project)

If Applicable- Candidacy Form Approved (Sem/Yr): \_\_\_\_\_\_\_\_\_\_ Project Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Initials: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Advising Date: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

(Sept. 2019)

**FORM MUST BE TYPEWRITTEN**