

UC IRVINE - SCHOOL OF ENGINEERING

M.S. PLAN OF STUDY

Degree: Master of Science in Electrical and Computer Engineering
 Concentration: **Computer Networks and Distributed Computing**

Effective Fall 2005

Name, (Last, First)	
Local Address	
Student ID Number	Campus Phone
E-mail Address	Work Phone

Quarter Expected to Graduate: _____ Year _____

COURSE WORK

Minimum of 36 units required

Please check which OPTION you are following:

<input type="checkbox"/> THESIS OPTION	<input type="checkbox"/> COMPREHENSIVE EXAM OPTION																																																																											
Core Course Requirement: Choose 4 of the following 6 core courses: EECS 211, EECS 213, EECS 215, EECS 217, EECS 218, EECS 248A	Core Course Requirement: Choose 4 of the following 6 core courses: EECS 211, EECS 213, EECS 215, EECS 217, EECS 218, EECS 248A																																																																											
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Faculty Advisor Signature _____ Date _____ Graduate Advisor Signature _____ Date _____
 This form must be submitted at least **TWO** quarters prior to completion of degree requirements.
 Advancement to Candidacy form is required **ONE** quarter prior to graduation