The University of Iowa
Electrical & Computer Engineering Graduate Program

Request for Plan of Study Approval

Date:_____ Degree Title:_____

Student Name:_____ With/Without Thesis:_____

Student I.D. #:_____ Software Engineering Subtrack: ( ) Yes ( ) No

Research Area:_____ Date Degree Expected:_____

Courses			Courses			Date Completed Or To be Completed
Course Title	Course #	Sem. Hrs.	Course Title	Course #	Sem. Hrs.	

Advisor Name:_____

Advisor Signature:_____ Student Signature:_____