

LOUISIANA STATE UNIVERSITY
Department of Electrical and Computer Engineering

PhD PLAN of STUDY (Optional Form)*

This plan is to be completed by the student in consultation with his/her major professor and submitted to the Graduate Office for approval by the Graduate Studies Committee. Only graduate courses should be listed. Do not list courses that counted towards your undergraduate degree. If you already have an M.S. degree taken elsewhere, then for each course that you request counted towards your PhD degree, attach details of the course (including date and university where the course was taken, grade earned, syllabus, book used etc).

Name: _____ LSU ID: _____

Phone: _____ E-Mail: _____

Major Area (Choose One): Communication Computers Electronics Power Systems
 ☐ ☐ ☐ ☐ ☐

Name of Major Professor: _____

Dissertation Subject or Title: _____

Did you complete an MS thesis in the ECE department at LSU? ☐ Y ☐ N

Semester in which you passed the Qualifying Exam: _____

Area in which you passed the Qualifying Exam (Choose One):

Communication Computers Electronics Power Systems
☐ ☐ ☐ ☐ ☐

Degrees Previously Received:

Degree	Major	Institution	Year

Student's Signature

Date

Major Professor's Signature

Date

Rev. 09/07/2010

***This Form can be used only if you entered the PhD program before Summer 2010. Use the regular form if you entered the program after Spring 2010.**

NAME: _____

LSU ID: _____ PhD Plan of Study (Optional)*

LISTING OF COURSES AT LSU:**MAJOR AREA: List 15 credits of EE courses at the 7000 level.**

Date Taken or to be taken	Course Number	Course Title	Instructor	Credit	Grade
	EE-				
	EE-				
	EE-				
	EE-				
	EE-				
	EE-9000				
	EE-9000				

OUTSIDE MINOR: List 9 credits of only courses taken at LSU. Specify the dept. for each course

Date Taken or to be taken	Course Number	Course Title	Instructor	Credit	Grade

ELECTIVES: List 24 credits of electives. For LSU courses specify the dept code (ex: EE for Elec. Eng.).**For courses outside LSU, specify the university in the "Instructor" column.**

Date Taken or to be taken	Course Number	Course Title	Instructor	Credit	Grade

APPROVED

Major Professor's Signature_____
Date

-----Do not write below this line: For Office Use Only-----

Graduate Studies Committee_____
Date

Rev. 09/07/2010

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