

Course Credit Form

TO: Graduate College
FROM: Director of Graduate Studies
Department of Electrical & Computer Engineering
DATE: _____
RE: _____
Student name _____ **University ID Number** _____
Combined program effective _____
Session _____

Courses to be applied jointly toward the BS and MS degrees (9 s.h. maximum).

| Course number | Course name | Semester hours | Session |
|---------------|-------------|----------------|---------|
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Additional 3 s.h. to be applied toward the MS degree only.

| Course number | Course name | Semester hours | Session |
|---------------|-------------|----------------|---------|
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Signature, Director of Graduate Studies or Departmental
Executive Officer

Approved by:

Graduate College