

PROGRAM OF STUDY FOR MASTERS OF SCIENCE

Name: _____
 Email: _____
 Date: _____

B.S. degree from: _____ Major: _____ Date: _____
 M.S. degree from: _____ Major: _____ Date: _____
 Graduate Study @ UC Berkeley Started: _____ Date: _____

PLAN SELECTED:
 MS Plan I: _____ MS Plan II: _____

PROGRAM OF GRADUATE STUDIES					
List Courses you have completed as well as those you plan to take					
COURSE TITLE	COURSE # (I.E MSE 201)	SCHOOL IF NOT UCB	SEMESTER COMPLETED	UNITS	GRADE

ADVISORY COMMITTEE (MS PLAN I, THESIS)

_____ Chair of thesis committee
 Name _____

_____ Inside MSE Professor
 Name _____

_____ Outside Member
 Name _____

MS PLAN II

Committee for Project Report	
Committee for Comprehensive (Waived if Passed Prelim)	

MAJOR FIELD ADVISOR MAJOR FIELD ADVISOR

 Signature _____ Date _____

Office Use **ACADEMIC AFFAIRS COMMITTEE APPROVAL:**

_____	Major Program
Chairman _____ Date _____	GPA _____