

MICHIGAN STATE UNIVERSITY
DEPARTMENT OF ELECTRICAL AND COMPUTER ENGINEERING

TRANSFER FROM Ph.D. TO M.S. PROGRAM

Request by Student:

Name

Date

PID

Electrical and Computer Engineering

Proposed Master of Science Area

I expect to complete the requirements for a M.S. degree in Electrical and Computer Engineering during the _____ semester, and hereby request that I be considered for transfer to the indicated Master of Science program.

Signature

Department Action:

It is (**recommended** **not recommended**) that the transfer to the indicated Master of Science program be approved.

Provisional requirements: _____

Academic Advisor

Date

Department Chairperson / Associate Chair

Date

Associate Dean

Date