

University of Arkansas
 Department of Electrical Engineering
 Schedule of Study
 (use more than one sheet if necessary)

Name: _____

Degree Program: _____

Course Title	Course Number	Credits	Grade	Instructor
Semester				
Semester				
Semester				
Semester				
Semester				
Semester				

If master's, check Thesis _____ or Non-Thesis _____

Major Professor

Member

Member

Member