

Department of Electrical and Computer Engineering Graduate Studies Office



BS/MS Mentor & Recommendation Form

Name:	Date:
UID:	Email:
Current BS GPA: BS Majo	r: Semester of BS graduation:
MS Program option: \Box THESIS	□ NON-THESIS
MS Major:	MS minor:
Comments:	

By signing below, I attest to the fact that I have reviewed the above student's BS/MS Plan of Study Form, and I approve it in the context of the student's overall academic goals. My signature also indicates my recommendation of this student for enrollment in an ECE BS/MS program as well as my agreement to serve as this student's BS/MS mentor at least until BS graduation.

ECE Faculty Mentor	(print name)	:
•	`1 '	

	ECE Faculty Mentor (signature):	Date:	
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