Systems Engineering Minor
Request for Participation

Name________________________________________
Email________________________________________
Student ID________________________________________
Home Dept________________________________________
Expected Grad Date ______________________ / ______

Plan of Study to Complete Minor:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Title</th>
<th>Semester/Year</th>
<th>Credit Hours</th>
<th>Classification</th>
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<tbody>
<tr>
<td>SYSEN 5100</td>
<td>Model Based Systems Engineering</td>
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<td>Required Core</td>
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<tr>
<td>SYSEN 5200</td>
<td>Systems Analysis</td>
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<td>Required Core</td>
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<td></td>
<td>Behavior &amp; Optimization</td>
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<tr>
<td>CEE 5900</td>
<td>Project Management</td>
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<td>Required Core</td>
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<td>Required Elective</td>
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<tr>
<td>SYSEN/MAE/etc</td>
<td>Project</td>
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<td>6</td>
<td>Required Core</td>
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<td>total</td>
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Proposed Project:
The current list of pre-approved Systems projects may be obtained from the Systems Engineering Program Office, 202 Rhodes hall.
Pre-approved Project Title________________________________________
Project Advisor_________________________________________________

If you are not enrolled in a pre-approved project, please complete:
Project Title____________________________________________________
Project Advisor__________________________________________________
Advisor net id___________________________________________________
Overall Goal of project___________________________________________
Your Responsibility_______________________________________________
Size and Composition (Fields) of Project Team______________________
Systems Design Aspects of Project________________________________
Submission Process and Deadline
Submit this completed form to the Systems Engineering Program Office (202 Rhodes Hall), by the end of the third week of the first semester in the M.Eng. Program. Notice of approval will be given.

Faculty Approval (name, signature, date)
Faculty Name  ________________________________
Faculty Signature  ________________________________
Date  _________________

Approval  Disapproval  (Please circle or check)

Comments  ______________________________________

___________________________________________

___________________________________________

___________________________________________