Systems Engineering Minor Request for Participation

Name: ________________________________________________________________

Email: ________________________________________________________________

Student ID: ___________________________________________________________

Home Department: _______________________________________________________

Expected Graduation 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>
</tr>
</thead>
<tbody>
<tr>
<td>SYSEN 5100</td>
<td>Model Based Systems Engineering</td>
<td>4</td>
<td>4</td>
<td>Required Core</td>
</tr>
<tr>
<td>SYSEN 5200</td>
<td>Systems Analysis Behavior &amp; Optimization</td>
<td>3</td>
<td>3</td>
<td>Required Core</td>
</tr>
<tr>
<td>CEE 5900</td>
<td>Project Management</td>
<td>4</td>
<td>4</td>
<td>Required Core</td>
</tr>
<tr>
<td>Electives</td>
<td></td>
<td>3-4</td>
<td>3-4</td>
<td>Required Elective</td>
</tr>
<tr>
<td>SYSEN/MAE/etc.</td>
<td>Project</td>
<td>6</td>
<td>6</td>
<td>Required Core</td>
</tr>
</tbody>
</table>

Total Credits: _______________________________________________________

Proposed project:

The current list of pre-approved Systems projects may be obtained from the Systems Engineering Program Office at 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 NetID: _________________________________________________________

Overall Goal of Project: _______________________________________________

Your Responsibility: _________________________________________________

Size and Composition (Field) of Project Team: ___________________________

Systems Design Aspects of Project: ____________________________________
Submission Process and Deadline

Submit this completed form to the Systems Engineering Program Office at 202 Rhodes Hall by the end of the third week of the first semester in the M.Eng. Program.

Faculty Approval

Faculty Name: ________________________________________________________________

Faculty Signature: _____________________________________________________________

Date: _______________________________________________________________________

Approval  Disapproval  (Please circle one)

Comments: __________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________