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>Required Core</td>
<td></td>
</tr>
<tr>
<td>SYSEN 5200</td>
<td>Systems Analysis Behavior &amp; Optimization</td>
<td>3</td>
<td>Required Core</td>
<td></td>
</tr>
<tr>
<td>CEE 5900</td>
<td>Project Management</td>
<td>4</td>
<td>Required Core</td>
<td></td>
</tr>
<tr>
<td>Electives</td>
<td></td>
<td>3-4</td>
<td>Required Elective</td>
<td></td>
</tr>
<tr>
<td>SYSEN/MAE/etc.</td>
<td>Project</td>
<td>6</td>
<td>Required Core</td>
<td></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: __________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________