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</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>SYSEN/MAE/etc.</td>
<td>Project</td>
<td>6</td>
<td>Required Core- 2 semesters</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 602 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: ____________________________________________________________________

<table>
<thead>
<tr>
<th>Approval</th>
<th>Disapproval</th>
<th>(Please circle one)</th>
</tr>
</thead>
</table>

Comments: __________________________________________________________________

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