



## Electrical Engineering Scholars Program Application

<b>Last Name</b>	<b>Given Name(s)</b>	<b>Student ID</b>	<b>Date of Birth</b>

<b>Date of Entrance in the CU Denver EE BS Program</b>	<b># of Credit hours <i>completed</i> towards BS degree</b>	<b># of Credit hours <i>completed</i> at CU Denver</b>

<b>Cumulative GPA</b>	<b>Math/Science GPA</b>	<b>GPA in ELEC courses</b>

<b>Status (Full or Part time)</b>	<b>Anticipated date of graduation with BS</b>	<b>Date MS Application submitted</b> <a href="http://www.ucdenver.edu/admissions/apply/Pages/apply.aspx">http://www.ucdenver.edu/admissions/apply/Pages/apply.aspx</a>

<b>Semester of Anticipated Enrollment in the EE Scholars Program</b>		
	<b>Year</b>	<b>Semester</b>

If the cumulative GPA is < 3.5, the applicant will need to provide 2 letters of recommendation from CU Denver faculty with this application.

<b>Reference 1 (name)</b>	<b>Reference 2 (name)</b>

Indicate your anticipated primary and secondary areas of interest for your MS degree from the following list: Control Systems, Communications, Computer Engineering, Electromagnetics, Engineering Neuroscience, Micro-Electronics, Signal Processing, and Power Systems and Engineering

<b>Primary Area</b>	<b>Secondary Area</b>

<b>Signature</b>	<b>Date</b>
<b>Applicant</b>	

<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>
<b>Advisor</b>		<b>Dept. Chair</b>	

For internal use only			
<b>Admitted to MS Program by Graduate School?</b>	___ Yes ___ No	<b>Admitted to EE Scholar Program?</b>	___ Yes ___ No
<b>If Yes, Date of Admission</b>		<b>If Yes, Date of Admission</b>	



## Electrical Engineering Scholars Program Course Plan Bachelor's Degree (Remaining)

Semester	Undergraduate Courses		Dual Credit Graduate Courses	
	Course Number	Cr Hrs	Course Number	Cr Hrs
___ Fall				
___ Spring 20___				
___ Summer				
___ Fall	Course Number	Cr Hrs	Course Number	Cr Hrs
___ Spring 20___				
___ Summer				
___ Fall	Course Number	Cr Hrs	Course Number	Cr Hrs
___ Spring 20___				
___ Summer				

### Master's Degree

Semester	Graduate Courses	
	Course Number	Cr Hrs
___ Fall		
___ Spring 20___		
___ Summer		
___ Fall	Course Number	Cr Hrs
___ Spring 20___		
___ Summer		

Signature <span style="float: right;">Date</span>
<b>Applicant</b>

Signature <span style="float: right;">Date</span>	Signature <span style="float: right;">Date</span>
<b>Advisor</b>	<b>Dept. Chair</b>