

**ECE Department
Electrical Engineering Program
Senior Year – Class of 2008**

Technical Electives and Professional Options

Name _____

Student ID# _____

E-mail Address _____

	Course Name (Please print)	Course Number
Technical Elective		
Technical Elective		
Professional Option		
Professional Option		

Approved by: _____
Electrical Engr. Senior Advisor

Date: _____

Copies of this form should be submitted to:

1. Senior Advisor
2. Office of Undergraduate Programs/814E Rhodes
3. Dean Bowers