**MASTER’S DEGREE PLAN**

**MAJOR: TELECOMMUNICATIONS**

**GRADUATE DIVISION – LYLE SCHOOL OF ENGINEERING**

SMU ID #:

Name:

Home Address: Home Phone:

E-mail Address: Advisor:

ARTICULATION COURSE(S)

Course Title Instructor Hrs. Semester Grade

N/A

***CORE COURSES (9 SCH)***

Course Title Instructor Hrs. Semester Grade

EETS 7301 Introduction to Telecom Kingsley

EETS 7304 Network Protocols Kingsley

EETS 8303 Switching and Routing Kingsley

***Electives***

**To be selected from the list of Advanced and Additional Electives*.***

Course Title Instructor Hrs. Semester Grade

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**TOTAL HOURS 30**

APPROVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. Kingsley /Date

APPROVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director / Date

APPROVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Graduate Division / Date

**Note:** Any revision must be approved by Advisor, Program Director and Director of Graduate Division.