

Department of Electrical and Electronic Engineering
College of Engineering and Computer Science
California State University, Sacramento

E&EE
Completion of Project/ Thesis Form

STUDENT'S NAME _____

STUDENT I.D. #: _____

PLAN A MASTERS THESIS (5 units) _____

or

PLAN B MASTERS PROJECT (2 units) _____

TOPIC TITLE _____

Term: _____ Year: _____

Date: _____

Faculty Advisor: _____
(First Reader)

2nd Reader: _____