

## Bachelor of Engineering – Student entering 2017 Fall Study Plan Application for Candidacy (check one)

Stevens Institute of Technology Castle Point on Hudson Hoboken, NJ 07030 Office of the Registrar 201.216.5210 FAX 201.216.8030

Name	ID:		_ Class:	Box S	Email:		
Major Concentration Field: Electrical Engineering		Secondary Concer	ntration Field	l:			
Please print or type. The primary purpose of this form is own progress to the degree. You should revise it as need time schedule. If a choice of course is given for the requ additional study plan will be required if any of you wish Term Course	ed. Please ir irement, circ	ndicate the term welle the appropriate minor or a second	hen you exp	ect to take each cours	e (e.g., 2013F, 20	014S, etc.). Roman number. Any course tak	numerals indicate the standard curriculum
TERM I  F19 CH 115 General Chemistry I  F19 CH 117 General Chemistry Laboratory  F19 E 101 Engineering Experience  F19 E 115 Introduction to Programming  F19 E 120 Engineering Graphics  F19 E 121 Engineering Design I  F19 MA 121 Differential Calculus  F19 MA 122 Integral Calculus  F19 CAL 103 Writing & Communication Colloquium	3.0	P A A A A	F20 F20 F20 F20 F20 F20	E 126 Mechanics E 231 Engineering E 245 Circuits and MA 221 Different PEP 112 Electrici Humanities <sup>1</sup> HU	of Solids g Design III d Systems tial Equations ty and Magneti	4.0 2.0 3.0 4.0	A A A A A A A A A A A A A A A A A A A
TERM II S19 Science Elective <sup>2</sup> CH-116 S19 Science Elective Laboratory <sup>2</sup> CH-118 S19 E 122 Engineering Design II S19 MA 123 Series, Vectors, Functions and Surface S19 MA 124 Calculus of Two Variables MGT 103 Intro to Entrepreneurial Thinking S19 PEP 111 Mechanics S19 CAL 105 Knowledge, Nature, Culture	3.0 0/1.0 2.0 2.0 2.0 2.0 2.0 3.0 3.0	A A A A-	\$20 \$20 \$20 \$20 \$20 \$20	TERM IV EE 250 Mathemati EE 359 Electroni E 232 Engineering E 234 Thermodyr CPE 390 Microp Humanities <sup>1</sup> HU	c Circuits g Design IV amics rocessor Syste	3.0 3.0 3.0	
Student Signature:						Date:	— Revised August 2017
Faculty Advisor Signature:						_ Date:	
UG Records Auditor:						Date:	