Holcombe Department of
ELECTRICAL AND
COMPUTER ENGINEERING
Clemson University

ECE CHANGE OF FOCUS AREA REQUEST

STUDENT NAME: _____ **CUID:** _____

PROGRAM: ____**ELEN** ____**CPEN**

DEGREE: ____**MS THESIS** ____**MS NON-THESIS**

Date:

Justification for Focus Area Change:

New Focus Area: _____

Past Focus Area: _____

Have you completed the following:

GS2 - Committee Selection

GS2- Plan of Study

NOTE: Unless this is your first semester, this form will not be approved unless you have submitted your GS2 Committee Selection and Plan of Study.

Email this form to Jennifer Gooch for processing: Jdgooch@clemson.edu

____**Approved** ____**Rejected** _____ **ECE Graduate Program Coordinator** _____ **Date**