

4+1 Shared Credit | BS/MS

Application

Name:	UNM email:					
UNM ID #:	BS EE/CPE (circ	cle one) UNM Cumulative GPA:	Catalog Year:			
Degree GPA (use L	oboTrax Degree Plan):	Proposed BS graduation	on sem./yr:			
Proposed MS Degre	ee and Emphasis:	Proposed MS gi	raduation sem./yr:			
Name of faculty ad	visor who will supervise y	our MS degree work:				
□ My GPA fall ○ I ha						
I have re	ad and understand the 4+	·1 Shared Credit Program requ	irements			
I have completed and attached the Plan of Study worksheet with help from my MS faculty advisor detailing all remaining courses to earn both my Bachelor and Master's degrees						
	cand admission to the graderily complete the require	duate program is provisional a ments for the B.S. degree	nd is not finalized until I			
Student Signature		Date				
I recommend acceptance of the above student into the ECE BS/MS Shared Credit Program. I have assisted with the Plan of Study sheet and am in agreement with the courses outlined. I also agree to act as the advisor, including advising the MS Plan III.						
Faculty Advisor Printed Name		Signature	Date			
DEADLINE to apply- July 1 for acceptance beginning in a Fall semester. December 1 for acceptance beginning in a Spring semester. OFFICIAL USE ONLY						
Degree GPA after 4	th semester (best attempt)): 5 th semester G	PA:			
Date Received	Received by	☐ Verified GPA& Plan of S ☐ Noted in LoboAchieve	tudy ☐ UG faculty approval ☐ Submitted			
Date Processed	Processed by	□Application approved □Notified student	☐ Entered in Banner			



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Proposed Plan of Study

Complete the following plan of study, including **all** remaining courses needed to earn the BS degree and the MS degree. Specify which courses you are proposing as shared by adding (shared credit) next to the course name. You are responsible for verifying pre- and co-requisites and semester offerings as posted in the UNM catalog and ECE website. Include late starting, 2H and any summer courses. Add additional pages if needed.

You should complete this with help from your faculty advisor for the MS program.

Semester Year		SemesterYear	
Course (specify shared credit courses)	Credits	Course (specify shared credit courses)	Credits
Total credit hours		Total credit hours	
SemesterYear		SemesterYear	
Course (specify shared credit courses) Total credit hours	Credits	Course (specify shared credit courses) Total credit hours	Credits
Student Printed Name	Signat	ure Date	
Faculty Advisor Printed Name	Signati	ure Date	



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School of Engineering official use ONLY: Approvals: BS Program Faculty Director	
Name:	_ Signature:
Date: Comments:	
MS Program Faculty Director	
Name:	_Signature:
Date: Comments:	
Associate Dean for Academic Affairs (For non-sta	
not published on SoE or departmental websites onl	у)
Name:	_ Signature:
Date:	
Comments:	