

Draft Course of Study Plan for the Five-Year Bachelor's – Master's Program in IEOR

Name: _____ Date: _____
 Last (Family) First (Given)

Proposed Specialization: _____

First Semester Senior Year:

Course #	Course Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Second Semester Fifth Year:

Course #	Course Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Second Semester Senior Year*:

Course #	Course Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

First Semester Sixth Year (if needed):

Course #	Course Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

First Semester Fifth Year*:

Course #	Course Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments and Clarifications:

*For semester in which Bachelor's requirements are completed, circle courses applicable to M.S. degree.