

Date: \_\_\_\_\_

Name: \_\_\_\_\_

ID #: \_\_\_\_\_

# Master of Science Non-Thesis Robotics Program of Study

**\*\* This form is due to the ME Graduate Advising Office (MEK 1568) 7 months prior to graduation.**

**No more than 9 non-matriculated credits, 6 transfer credits, or 3 independent study (ME EN 6950) credits allowed.** All classes must be graded B- or better. Courses can be waived if they were already taken at the 5000 level or at another university (with committee approval), but will **not** count toward the 30 hours of course credit. Attach additional copies of this form if more lines are needed.

## 30 TOTAL CREDIT HOURS

### Required Courses:

_____	<u>Intro to Robotics</u>	<u>ME EN 6220/CS 6310</u>	_____	_____
Semester	Course Name	Course Number	Grade	Cr.

_____	<u>Intro to Robot Control</u>	<u>ME EN 6230/CS 6960-01</u>	_____	_____
Semester	Course Name	Course Number	Grade	Cr.

_____	<u>Geo. Comp. Motion Planning</u>	<u>ME EN 6225/CS 6370</u>	_____	_____
Semester	Course Name	Course Number	Grade	Cr.

### Perception (choose from CS 6320 3D Computer Vision; CS 6640 Image Processing):

_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.

### Cognition (choose from CS 6300 Art. Intelligence; CS 6350 Machine Learning):

_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.

### Action (choose from ME EN 6960 Adv. Mechatronics; CS 6360 Virtual Reality; ME EN 7230/CS 7310 Adv. Manipulation and Locomotion; ME EN 7960-05/CS 7320 System ID for Robotics; ME EN 7960-07 Haptics):

_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.

### Breadth Courses (choose from Graduate-level Math, Science, Engineering or Committee–Approved Courses):

_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.

_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.

_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.

_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.

_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.

## Supervisory Committee:

_____	_____	_____
Chair (Your advisor)	Member 1 Name	Member 2 Name

_____	_____	_____
Chair Signature	Member 1 Signature	Member 2 Signature

**Semester admitted to Robotics Track:** \_\_\_\_\_

Graduation Semester: \_\_\_\_\_ Date of Final Exam: \_\_\_\_\_