

## ROBOTIC MASTERS PLAN OF STUDY FORM

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

PENN ID #: \_\_\_\_\_ ADVISOR: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Do You Plan to Write a Master's Thesis?: \_\_\_\_\_

### FOUNDATIONAL COURSES (3 OF THE COURSES LISTED BELOW)

COURSE NUMBER /TITLE	SEMESTER	*Satisfied	*FACULTY APPROVAL	*SUBSTITUTION
CIS 520/MACHINE LEARNING				
CIS 521/FUNDAMENTALS OF AI				
MEAM 520/ROBOTICS & AUTOMATION				
MEAM 620/MOTION PLANNING				
ESE 500/LINEAR SYSTEMS				
ESE 505/CONTROL SYSTEMS DESIGN				
CIS 580 Machine Perception				

*\*Note here if previous academic work is being used to meet the Foundational Course requirements. The faculty member teaching the relevant Foundational Course should initial approval that previous academic work satisfies the requirement. List the course being used as a Substitution.*

### TECHNICAL ELECTIVES (5)

COURSE NUMBER & TITLE	SEMESTER

### ROBOTICS ELECTIVES (2)

COURSE NUMBER & TITLE	SEMESTER

### OR MASTER THESIS (2 CREDITS OF CIS, ESE, OR MEAM 999)

PROPOSED THESIS TOPIC	SEMESTER(S)

\_\_\_\_\_  
ADVISOR'S SIGNATURE

\_\_\_\_\_  
ROBOTICS MASTERS PROGRAM CHAIR'S SIGNATURE