Planning Tool for the Accelerated Master of Science in Optics & Photonics (A-MSOP)

The accelerated master's degree allows undergraduate students to make simultaneous progress toward a bachelor's degree and a master's degree in Optics and Photonics, preparing them for high-demand jobs in laser engineering, remote sensing, and more. Upon acceptance to the program via the Graduate School Application, undergraduate students can reserve up to 15 credits toward their graduate degree while completing their bachelor's degree. Once they complete their undergraduate requirements, they receive that degree and immediately move into graduate student status. This form is a tool to help the student plan the program's courses and credits and is the first step towards applying to the A-MSOP program. Send the unsigned form for review to optics@montana.edu.

Name: _____   Last 4 digits of student ID #: _____   GPA: _____

Current undergraduate major: _____

Accelerated MSOP (A-MSOP) Advisor's name: _____

Describe any research you are doing as an undergraduate and who your research advisor is:

_____

_____

_____

What semester and year will you complete your undergraduate degree? _____

Select the plan you will pursue in the A-MSOP degree: ___ Thesis   ___ Professional Paper

Digitally fill in the table below with your plan for completing the A-MSOP degree. List courses to be reserved for graduate credit in years 3 and 4 (max 15) and courses to be taken after your undergraduate degree in years 5 (and 6 if needed). List each course with rubric & number (e.g., EELE 482). Degree requirements are on the Accelerated MSOP Information Page. Course descriptions and semesters offered are listed on the course description webpage.

Year	Course & Credits Plan			
	A-MSOP			
	Fall	Spring	Summer	Credits
3 (Jr)				
4 (Sr)				
5 (Grad)				
6 (Grad)				
Total Credits				

Please note that this table represents a starting plan and can be changed as you earn your degree.   *30 credits required*

Student Signature: _____   Date: _____

A-MSOP Advisor Signature: _____   Date: _____

Dept. Head Signature: _____   Date: _____

OpTeC Administration Manager:_____   Date: _____