

Clear POS

### UCF Aerospace Engineering MS Program of Study (POS) Guidance Control and Dynamics Track, Thesis Option

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Catalog Year 2022 – 2023

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Advisor: \_\_\_\_\_  
Submission Date: \_\_\_\_\_

UCF ID: \_\_\_\_\_  
Admit Term: \_\_\_\_\_  
POS:  Initial  
Version:  Revision

Students must complete 24 credit hours of formal course work. Formal course work does not include XXX 6918, XXX 6971 or XXX 7919.

#### Required Core (9 Credit Hours Required)

Course	Semester / Year	Credit Hrs.	Grade	Course Substitution	Transfer Institution	For Department Use Only	
						Transfer Classification	Formal Course Work
EML 5271 Intermediate Dynamics							
EEL 5630 Digital Control Systems							
<input type="radio"/> EEL 5173 Linear Systems Theory OR <input type="radio"/> EML 5311 System Control							
<b>Subtotal:</b>						<b>Subtotal:</b>	

#### Elective Courses (15 Credit Hours Required)

For a complete list of suggested courses, please visit [www.graduatecatalog.ucf.edu](http://www.graduatecatalog.ucf.edu).

Course	Semester / Year	Credit Hrs.	Grade	Transfer Institution	For Department Use Only		
					Transfer Classification	Formal Course Work	
<b>Subtotal:</b>						<b>Subtotal:</b>	

#### Thesis Requirement (6 Credit Hours Required)

Course	Semester / Year	Credit Hours	Grade	Formal Course Work
				No
				No
<b>Subtotal:</b>				

Total Hours Toward Degree: \_\_\_\_\_

Formal Course Work Hours: \_\_\_\_\_

Numbers of Hours at 6000 Level: \_\_\_\_\_

#### Transfer Credit Abbreviations

- External Transfer Work = E T      Internal Transfer Work = IT
- Undergraduate Career = UG      Nondegree Career = ND
- Completed MS Degree = MS      Completed Certificate = Cert.

\*A definition of each type of transfer work can be found in:  
[www.graduatecatalog.ucf.edu](http://www.graduatecatalog.ucf.edu)

#### Program Requirements Completion

Requirement	Semester/Year
EML 5090 MAE Seminar 1*	
EML 5090 MAE Seminar 2*	
Thesis Defense	

\*You must successfully complete EML 5090 twice to fulfill degree requirements.

TITLE OF THESIS: \_\_\_\_\_

My thesis is interdisciplinary:  Yes  No

Permission to Publish Your Name with Thesis Information:

I give permission to have my name appear on the CECS list of completed thesis titles that is available to the public on the CECS website.

Yes  No

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MAE Graduate Program Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date