

**PLAN OF STUDY FORM - 2000/2001**
**THAMES VALLEY CAMPUS - TRCTC**
**PHOTONICS ENGINEERING TECHNOLOGY – KA47**  
**ASSOCIATE IN SCIENCE DEGREE**  
**CREDITS REQUIRED - 68**

NAME: \_\_\_\_\_  
First Last  
STUDENT ID# \_\_\_\_\_

Advanced Credits:

Transfer Credits \_\_\_\_\_  
#CLEP/DANTES \_\_\_\_\_  
#Credit by Exam \_\_\_\_\_  
#APL Credits \_\_\_\_\_  
#Military credits \_\_\_\_\_

Name(s) of transfer college(s) \_\_\_\_\_

# A combined maximum of 30 credits may be used to satisfy degree requirements.

<u>DEPT &amp; NO.</u>	<u>TITLE OF COURSE</u>	<u>CREDITS</u>	<u>PLANNED</u>	<u>COMPLETED</u>
<u>SEMESTER I</u>				
EET K1100*	Electric Circuits I	4	_____	_____
EET K1101*	Electric Circuits I Lab	1	_____	_____
ENG K111*	College Composition	3	_____	_____
MAT K141*	Precalculus	4	_____	_____
PHO K105	Laser Safety	.5	_____	_____
PHY K140*	Geometric Optics	4	_____	_____
<u>SEMESTER II</u>				
EET K1110*	Electric Circuits II	3	_____	_____
EET K1111*	Electric Circuits II Lab	1	_____	_____
EET K1120*	Electronics I	3	_____	_____
EET K1121*	Electronics I Lab	1	_____	_____
ENG K225*	Writing in the Workplace (Technical Writing)	3	_____	_____
MAT K151*	Calculus I	3	_____	_____
PHY K141*	Wave Optics	4	_____	_____
<u>SEMESTER III</u>				
EET K2100*	Electronics II	3	_____	_____
EET K2101*	Electronics II Lab	1.5	_____	_____
EET K2110*	Digital Electronics I	3	_____	_____
EET K2111*	Digital Electronics I Lab	1.5	_____	_____
MAT K152*	Calculus II	3	_____	_____
PHO K240*	Introduction to Lasers	4	_____	_____
<u>SEMESTER IV</u>				
EET K2140*	Telecommunications I	3	_____	_____
EET K2141*	Telecommunications I Lab	1.5	_____	_____
PHO K250*	Introduction to Fiber Optics	4	_____	_____
PHO K290*	Advanced Laser Topics	3	_____	_____
_____	Humanities Elective	3	_____	_____
_____	Social Science Elective	3	_____	_____

\* Course has a prerequisite. Students should check course description in the catalog or semester class schedule.

**DEVELOPMENTAL COURSES COMPLETED:**

Writing Workshop \_\_\_\_\_  
Effective Reading \_\_\_\_\_  
Basic Math Skills \_\_\_\_\_  
Other \_\_\_\_\_

**PLAN OF STUDY REVIEWED BY:**

Advisor \_\_\_\_\_ Date \_\_\_\_\_  
Student \_\_\_\_\_ Date \_\_\_\_\_  
**Graduation Audit Completed by:**  
Signature \_\_\_\_\_ Date \_\_\_\_\_