INTERDEPARTMENTAL PROGRAMS IN ENGINEERING

MASTER OF SCIENCE in ENGINEERING SCIENCE

PROGRAM OF STUDY

Name: _____ I.D. # _____

Last First MI

Address: _____ Phone _____

Proposed Areas of Study ☐ Thesis ☐ Non-Thesis

Major Professor: _____

Specific Areas of Study:

Major Area: _____

Sub Area 1: _____

Sub Area 2: _____

Recommended Remedial Coursework:

Course Dept & No.	Title	Credit	Grade

Transfer Graduate Credit

Course Dept & No.	Title	Credit	Grade

Recommended Graduate Work:

Major Area

Course Dept & No.	Title	Credit	Grade

Sub Area 1

Course Dept & No.	Title	Credit	Grade

Other

Course Dept & No.	Title	Credit	Grade

Sub Area 2

Course Dept & No.	Title	Credit	Grade

Approved

Advisor: _____ Date

Associate Dean: _____ Date