

PLAN OF STUDY-Thesis Option

Master of Science – Mechanical Engineering

If there are any deviations from your Plan, please submit an updated Plan of Study for approval. Your Plan of Study is not complete until your advisor and the graduate chair have signed it.

Plan/Date _____

Name _____ **Student ID Number** _____

Address _____

Phone (W) _____ **(H)** _____ **Email** _____

Degree Program Specialty Area (check one):

1. Dynamics & Controls 2. Thermal Fluid Sciences 3. Solid Mechanics

Course Number	Course Title	Grade	Term Taken	Course Number	Course Title	Grade	Term Taken

PLANNED SEMESTER AND YEAR OF GRADUATION: _____

TRANSFER COURSES (if any):

Course Number	Course Title	Grade	Term Taken	Course Number	Course Title	Grade	Term Taken

Thesis Title _____

Thesis Committee Members:

Student's Signature _____ **Date** _____

Advisor's Signature _____ **Date** _____

Graduate Chair Signature _____ **Date** _____