

# 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 \_\_\_\_\_