

PLAN OF STUDY

Master of Science – Aerospace Engineering

By signing below, you agree that this Plan of Study has been approved by your advisor. Only courses on your Plan of Study approved and signed by your advisor will apply towards your degree. If there are any deviations from your Plan, please contact your advisor to have it updated. Your Plan of Study is not complete until you have signed and dated it.

New Plan/Date _____

Revised Plan/Date _____

Name _____ Student Number _____

Address _____

Phone (W) _____ (H) _____ Email _____

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

PLANNED DATE OF GRADUATION: _____

TRANSFER COURSES (if any):

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

THESIS / NON-THESIS (circle one)

Title: _____

Faculty Committee Members: _____

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Graduate Chair Signature _____ Date _____