

DEPARTMENT OF MECHANICAL ENGINEERING
CONFIRMATION OF CLASS SCHEDULE - STANDARD MASTER'S

CONTACT INFORMATION

Last Name: _____ First Name: _____ M: _____ SID: _____
Campus Address (Lab): _____ Email: _____ Phone: _____

ACADEMIC INFORMATION

Term Admitted: _____ Major Field Area: _____ Master's Plan: _____ Research Advisor: _____

FINANCIAL SUPPORT INFORMATION

Type of Support: _____ Percentage (GSI/GSR/READER): _____ Instructor (GSI/READER) / PI (GSR): _____
Course (GSI/Reader): _____ Department (*if other than Mechanical Engineering*): _____

PROPOSED CLASS SCHEDULE

Semester: Year: Courses: Total of Units:

COURSES COMPLETED

	COURSE NUMBER	INSTITUTION	SEM/YEAR	UNITS	GRADE
MAJOR FIELD AREA COURSES: (12 Units of upper-division and graduate level courses .)					
MECHANICAL ENGINEERING COURSES: (12 Units of 200-level and letter-graded only.)					
EXTRA COURSES: (if you complete more courses than required)					
BACKDATE/TRANSFER COURSES: (Courses taken in your last undergraduate semester but not used towards your BS degree. Two (2) courses in maximum.)					

Student Signature: _____ Major Field Advisor Signature: _____ Date: _____