Reset Form

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DEPARTMENT OF MECHANICAL ENGINEERING

# CONFIRMATION OF CLASS SCHEDULE

## CONTACT INFORMATION

Last Name: _____ First Name: _____ M: _____ SID: _____

Campus Address: _____ Email: _____ Phone: _____

## ACADEMIC INFORMATION

Semester / Year Entered Program: _____

Research Advisor: _____ Major Field: _____ Degree Goal: _____

Prelim Date: _____ Qualifying Exam Date: _____ Candidacy Date: _____

## FINANCIAL SUPPORT INFORMATION

Type of Support: _____ Percentage (GSI/GSR/READER): _____ Instructor(GSI/READER): _____

Funding Source (GSR/Other): _____ Principal Investigator P.I. (GSR): _____

## PROPOSED CLASS SCHEDULE

Semester: _____ Year: _____ Courses: _____ _____ _____ _____ _____ Total of Units: _____

## COURSES COMPLETED

| | COURSE NUMBER | INSTITUTION | SEM/YEAR | UNITS | GRADE |
|---|---|---|---|---|---|
| MAJOR: | | | | | |
| GPA: | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| INSIDE MINOR: | | | | | |
| GPA: | | | | | |
| | | | | | |
| OUTSIDE MINOR: | | | | | |
| GPA: | | | | | |
| | | | | | |
| | | | | | |
| EXTRA COURSES: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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