

# DEPARTMENT OF MECHANICAL ENGINEERING

## UNIVERSITY OF CALIFORNIA

\*\*\*\*\*

### MASTERS OF ENGINEERING CONFIRMATION OF CLASS SCHEDULE

#### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M: \_\_\_\_\_ SID : \_\_\_\_\_

Campus Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email : \_\_\_\_\_ Semester/Year Entered: \_\_\_\_\_

Area of Concentration : \_\_\_\_\_ Capstone Advisor: \_\_\_\_\_

#### PROPOSED CLASS SCHEDULE

Semester:  Year:

AREA OF CONCENTRATION COURSES:			
CORE LEADERSHIP COURSES:			
CAPSTONE PROJECT COURSE:			

Total Units:	
Total Units:	
Total Units:	

#### COURSES COMPLETED

	Course Number	UC Campus	Semester/Year	Units	Grade
<b>AREA OF CONCENTRATION COURSES</b>					
<b>CORE LEADERSHIP COURSES</b>					
<b>CAPSTONE PROJECT COURSES</b>					

#### SIGNATURES

Student: \_\_\_\_\_ Area of Concentration Advisor: \_\_\_\_\_ Date: \_\_\_\_\_