



MEng Program of Study
College of Engineering & Applied Science

Student Name: _____ UC ID: M_____ Date: _____

Email (s): _____; _____

Local Address: _____ Phone: _____

_____ Expected graduation date: _____
(City) (State) (Zip Code)

Program : _____ Track (If applicable) _____

Course # / Title Credits Grade Term/Year

Core Courses

Table with 4 columns: Course # / Title, Credits, Grade, Term/Year. Contains 3 rows of blank lines for core courses.

Track Courses

Table with 4 columns: Course # / Title, Credits, Grade, Term/Year. Contains 6 rows of blank lines for track courses.

Elective Courses

Table with 4 columns: Course # / Title, Credits, Grade, Term/Year. Contains 3 rows of blank lines for elective courses.

Capstone

Table with 4 columns: Course # / Title, Credits, Grade, Term/Year. Contains 1 row of blank lines for capstone.

Total Credits _____ (30 minimum)

Verified by: _____ Date: _____
(Manager of MEng, Eugene Rutz or designee)

Approved by: _____ Date: _____
(Program Advisor or Graduate Program Director)