

# Industrial Engineering Program

## *Graduate Plan of Study*

Name \_\_\_\_\_

Email \_\_\_\_\_

ID \_\_\_\_\_

Phone \_\_\_\_\_

Advisor \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

Degree  M.S. (thesis)  M.S. (non-thesis)  Ph.D.

Plan Status  New plan  Revised plan Date of previous plan \_\_\_\_\_

Course number	Course Title	Sem Hours	Semester taken (or planned)		Specialization Areas (Check where appropriate)				Grade (if taken)
			Year	F S	Reliab & Prod Sys	Human Factors	Operations Research	Other	
Transferred sem hours									
<b>Total sem hours</b>									

### Signatures (type name and date)

Student's \_\_\_\_\_ Date \_\_\_\_\_

Advisor's \_\_\_\_\_ Date \_\_\_\_\_

Graduate Program Director/Chair \_\_\_\_\_ Date \_\_\_\_\_