

GRADUATE STUDENT CLASS SCHEDULE

Fall 20__ /Spring 20 __

Name:	SID:	Program:	
Address:	City:	Zip Code:	Home Phone:
Email:		Degree Goal:	Campus Phone:
Date Adv to Candidacy (circle one) MS / MENG :		Major Field Advisor(s):	

Appointments (list all): GSI (list course, %, and instructor)	GSR (list %, research advisor and grant)
1.	1.
2.	2.
3.	3.
4.	4.

Fellowship (list all):

(For Doctoral Students only)

Date Prelim Passed:	Date Qualifying Passed:	Date Adv to Candidacy:
Prelim Committee Members:	Qualifying Committee Members:	Dissertation Committee Members:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

Proposed Program				Total Units: _____	
Courses:	Course Number	Institution	Semester/Yr	Units	Grade
Major Field:					
<i>(Technical or)</i> Minor Field: _____					
Approved by: _____					
<i>(Non-technical or)</i> Minor Field: _____					
Approved by: _____					
Other Courses (Not in Major)					

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