

MASC ADVISEMENT RECORD

NAME _____

E-MAIL ADDRESS _____ ID _____

LOCAL ADDRESS _____ PHONE NO. _____

(USE PENCIL)

Degree Objective (circle one): MSMTE MSMS PhD

Undergraduate Degree _____ Institution _____ Major _____ Date _____ GPA _____

Other Graduate Degree _____ Institution _____ Major _____ Date _____ GPA _____

GRE Scores: Verbal/Quantitative/Analytical _____ TOEFL _____

An Advisor's approval is necessary before you register. Before the screening examination, the department chair or associate chair is your advisor. After the advisor initials and dates this form, you may get your "D" clearance. Then be sure to return this form to the office.

Term	Course	Units	Approval	Grade	Term	Course	Units	Approval	Grade
_____	<u>EE 471</u>	_____	_____	_____	_____	_____	_____	_____	_____
_____	<u>503</u>	_____	_____	_____	_____	_____	_____	_____	_____
_____	<u>505</u>	_____	_____	_____	_____	_____	_____	_____	_____
_____	<u>534</u>	_____	_____	_____	_____	_____	_____	_____	_____
_____	<u>501</u>	_____	_____	_____	_____	_____	_____	_____	_____
_____	<u>504</u>	_____	_____	_____	_____	_____	_____	_____	_____
_____	<u>561</u>	_____	_____	_____	_____	_____	_____	_____	_____
_____	<u>502</u>	_____	_____	_____	_____	_____	_____	_____	_____

One semester before you expect to graduate with a MSMTE or MSMS, go to Margie Berti's office, OHE 330G, to fill in an application for graduation. Check to see that you have fulfilled the requirements for graduation in the University Catalogue (for the year you entered).

For students with Ph.D. objective, note the following check points.

Screening exam -- date passed: _____

Form Guidance Committee in conjunction with...

Request to take Qualifying Examination form: _____

Chairman: _____ Other members: _____

Expected date of Quals.: _____ Pass (Date): _____

Notify Department of the date. "Report on Qualifying Examination" form will be provided. Signatures of the Guidance Committee members are required upon completing the Examination.

Dissertation defense date: _____

USC Degree: _____ Date: _____

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