

Master of Engineering Program

PLAN OF GRADUATE WORK

Date: _____ Student ID Number: _____

Student Email: _____

[Instructions for Completing the Plan of Graduate Work](#)
[How to submit the Plan of Graduate Work](#)

For: _____
Last Name First Name Middle Name

School: Engineering

Degree Sought: Master of Engineering Concentration _____

Date Expected: _____
Month Year

Advisor:

Name Signature Date

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Approved: _____
Director of Graduate Program

Entered in GARS: _____

Submitted for Approval: _____

Approved: _____
Graduate School
