

MECHANICAL AND INDUSTRIAL ENGINEERING DEPARTMENT

COURSE APPROVAL FORM

Student's Name _____ ID# _____

Phone () _____ - _____ Cell Phone # () _____ - _____

Email Address _____

Major _____

Academic Advisor _____

Maximum Credit for the undergraduate program is 19. Please list those courses, together with their pre-requisites, for which you wish to register

Semester

Fall _____ Winter _____ Spring _____ Summer _____

	<u>Course ID</u>	<u>Course Title</u>	<u>Credits</u>	<u>Pre-requisites (co-requisites)</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Total Credit Hours _____

Comments:

I certify that the prerequisites for the above courses will have been met, and that I will obtain my advisor's approval before any additions or changes are made to this course list.

Student Signature _____

Date _____

Advisor's Signature _____

Date _____