

**THE UNIVERSITY OF UTAH  
DEPARTMENT OF MECHANICAL ENGINEERING**

**MS NON-THESIS PROGRAM OF STUDY FORM**

*This form is due to the ME Graduate Advising Office (MEK 1568) by the second week of your last semester.*

*No more than 9 non-matriculated credits, 6 transfer credits, or 3 independent study (ME EN 6950) credits allowed. All courses must be graded B- or better. The courses on this Program of Study must have a GPA of 3.0 or higher. Custom Focus Areas must be approved by the Director of Graduate Studies in your first semester. Attach additional copies of this form if more lines are needed.*

**Exit Exam:** *Contact the Graduate Advisor to schedule your exit interview and records check by the second week of your last semester.*

**NAME:** \_\_\_\_\_

**STUDENT ID #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**ANTICIPATED GRADUATION SEMESTER:** \_\_\_\_\_

**FOCUS AREA:** \_\_\_\_\_ **CUSTOM FOCUS:** \_\_\_\_\_

*\*Must have been approved by Director of Grad Studies in your first semester*

**15 credit hours of focus courses in ME EN**

_____ Semester	_____ Course Name	_____ Course Number	_____ Grade	_____ Cr.
_____ Semester	_____ Course Name	_____ Course Number	_____ Grade	_____ Cr.
_____ Semester	_____ Course Name	_____ Course Number	_____ Grade	_____ Cr.
_____ Semester	_____ Course Name	_____ Course Number	_____ Grade	_____ Cr.
_____ Semester	_____ Course Name	_____ Course Number	_____ Grade	_____ Cr.

**15 credit hours of elective courses in Math, Science and/or Engineering (including additional ME EN courses)**

_____ Semester	_____ Course Name	_____ Course Number	_____ Grade	_____ Cr.
_____ Semester	_____ Course Name	_____ Course Number	_____ Grade	_____ Cr.
_____ Semester	_____ Course Name	_____ Course Number	_____ Grade	_____ Cr.
_____ Semester	_____ Course Name	_____ Course Number	_____ Grade	_____ Cr.
_____ Semester	_____ Course Name	_____ Course Number	_____ Grade	_____ Cr.

**Supervisory Committee Approval** *If you opt for the MSNT Standing Committee (Director of Graduate Studies & both department Associate Chairs), only the Director of Graduate Studies signature is required.*

\_\_\_\_\_  
Chair Name (Your advisor)

\_\_\_\_\_  
Member 1 Name

\_\_\_\_\_  
Member 2 Name

\_\_\_\_\_  
Chair Signature

\_\_\_\_\_  
Member 1 Signature

\_\_\_\_\_  
Member 2 Signature

**Director of Graduate Studies Approval**

\_\_\_\_\_  
Director of Graduate Studies Name

\_\_\_\_\_  
Director of Graduate Studies Signature

08/18/21