



Department of Materials Science and Engineering
College of Engineering

MSE Track Selection Form

Student Name: _____ **Program:** BS, BS-MS, BS-PhD (Circle)

Year: Sophomore/Pre-Junior/Junior/Senior (Circle)

Track Selected: _____

Planned Courses (#, Name)	Year/Term to be taken	Comments/Notes
1.		
2.		
3.		
4.		
5.		
6.		

Signature: _____ **Date:** _____
(Student)

Signature: _____ **Date:** _____
(Track Coordinator)

