



DREXEL UNIVERSITY

Mechanical Engineering and Mechanics

College of Engineering

Clearance for M.S. Degree Applicant

Full Name:

Last

First

Middle

Student ID number: _____

Email: _____

Phone: _____

Current Address:

Undergraduate Degree (List School, Degree and Graduation Date):

Date M.S. Program Started: _____

Expected Graduation Term: _____

Faculty Advisor's Name: _____

Applications Status (check one): Full Time

Part Time

BS/MS

Present Employer (if applicable): _____

Employer's Address:

Employer's Phone Number:

Do you plan to continue your studies towards a Ph.D. Degree? Yes

No

If yes, list your faculty advisor and the area in which you plan to continue your studies

List all graduate courses taken to support your clearance:

Applied Mathematics Courses:

<u>Course Number</u>	<u>Course Title</u>	<u>Term/Year</u>	<u>Credits</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Core Area Courses (Including Thesis if applicable):

<u>Course Number</u>	<u>Course Title</u>	<u>Term/Year</u>	<u>Credits</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Electives:

<u>Course Number</u>	<u>Course Title</u>	<u>Term/Year</u>	<u>Credits</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature and Date: _____

Academic Clearance Approved:

Department Graduate Advisor

Date