Industrial Engineering Degree Plan Form

Department of Industrial Engineering
FAMU-FSU College of Engineering

Student Information: (please print or type)

LAST NAME	FIRST NAME	MIDDLE INITIAL	STUDENT NUMBER	TELEPHONE	E-MAIL

(CHECK ONE:) MS ☐ Ph.D. ☐	DATE	MAJOR PROFESSOR

Courses of Study: (if additional space is needed, please attach extra copies of this form. Include Dissertation, Prelim Exam and Defense courses)

COURSE PREFIX	COURSE NO.	COURSE TITLE	SEMESTER TAKEN	CREDIT HOURS	FINAL GRADE
		TOTAL CREDIT HOURS:			

COMMITTEE COMMENTS:

Department Chair Signature:

SIGNATURE	DATE

Approval Recommended:

MAJOR PROFESSOR	SIGNATURE	DATE
MEMBER	SIGNATURE	DATE
MEMBER	SIGNATURE	DATE
MEMBER	SIGNATURE	DATE
MEMBER	SIGNATURE	DATE