

**MS in AEROSPACE ENGINEERING
Program of Study
UNIVERSITY OF CINCINNATI**

Student Name: _____ UCID #: **M** _____ Date: _____

Email: _____ Work Phone: _____ Home Phone: _____

Local Address: _____

(city)

(state)

(postal code)

Preceding degree: _____

(degree and major)

(graduation month/year)

(University)

_____ **Thesis** _____ **Mini-thesis** _____ **Projected graduation date** _____

<u>Course Number/Title</u>	<u>Required Credits</u>	<u>Mini- Thesis</u>	<u>Thesis</u>	<u>Grade</u>	<u>Quarter/Yr</u>
MAJOR: _____		18	15		

MINOR: _____		6	NA		

MATHEMATICS		6	6		

TECHNICAL ELECTIVES		12	9		

MISCELLANEOUS					
20-AEEM-972 AsE/EM Seminar		3	3		
20-AEEM-970 Research		3	15		
TOTAL CREDITS		48	48		

Approved by: _____ **Date:** _____
(Academic Advisor)

Approved By: _____ **Date:** _____
(Graduate Director)