MONTANA TECHNOLOGICAL UNIVERSITY

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Tel: 406.496.4304
Fax: 406.496.4710
http://www.mtech.edu/academics/gradschool/

GRADUATE PROGRAM SHEET
Master of Engineering
Program

Submit to Graduate School with-in the first year of the program.

Master of Engineering Department Option: _____

Student Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Country: _____ **Telephone:** _____

Email: _____

Indicate the term you have either taken or expect to take the required and elective courses:

REQUIRED COURSES 6 Credits

Course #	Title of	Term	Credit
MPEM 5010	Entrepreneurship & Economic Feasibility		3
MPEM 5020	Project & Engineering Management		3

CORE ELECTIVES 16 credits (10 credits including exit exam must be 500 level)

Comprehensive exam			1

ELECTIVE CREDITS 9 credits

Student Signature_____ Date: _____

Department Head_____ Date:_____

Graduate School Dean _____ Date: _____