

Mechanical Engineering

**MASTER OF SCIENCE - RECORD OF ADVISORY COMMITTEE**

Name of Student \_\_\_\_\_ NAU ID # \_\_\_\_\_

Estimated Date of Graduation \_\_\_\_\_

E-mail address: \_\_\_\_\_

*A Master of Science in Mechanical Engineering Graduate Advisory Committee shall consist of at least three faculty members. The chair of the advisory committee and one other member shall be faculty in the Department of Mechanical Engineering at NAU. A fourth, non-voting, member of the advisory committee is optional.*

Members of the Advisory Committee	Initials	Date
1. Chair _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____ (optional)	_____	_____

Signed	Date	
_____	_____	Student
_____	_____	Chair, Advisory Committee
_____	_____	Associate Chair for Graduate Programs Department of Mechanical Engineering

*Note: Each student must complete also a Program of Study Form.*