

DMES Registration

Name: _____

EID: _____

First semester: _____

Graduation date: _____

Semester/Year: _____

| Course | Unique | Title | Instructor | Day/Time | Requirement |
|--------|--------|-------|------------|----------|--|
| | | | | | <input type="checkbox"/> Core <input type="checkbox"/> Minor <input type="checkbox"/> Language |
| | | | | | <input type="checkbox"/> Core <input type="checkbox"/> Minor <input type="checkbox"/> Language |
| | | | | | <input type="checkbox"/> Core <input type="checkbox"/> Minor <input type="checkbox"/> Language |

Student Signature:

I understand that successful completion of the degree and coursework is the responsibility of the student. I also understand that I am expected to meet all course and program deadlines in a timely matter and understand that my failure to do so may result in my termination from the program.

Student's digital signature

Supervisor/Mentor's signature

Graduate Coordinator's signature