

Certificate of Departmental Approval
Master of Science in Engineering Management

Name: _____ ID #: _____

Technical Track: _____

Expected Completion: _____

Requirements: _____

I. Five graduate courses in Technical Track approved by Technical Advisor – 15 credits

Semester	Course No.	Course Name	Grade	Credits	Double Counted	Transfer Credits	Verified?

II. CLE Cohort courses approved by Management Advisor

III. Semester	Course No.	Course Title	Grade	Credits	Double Counted	Transfer	Verified?
Fall	662.611	Strategies: Accounting & Finance		3			
Fall	662.692	Strategies for Innovation & Growth		3			
Fall	663.618	Professional Presentations		3			
Winter	662.643	The Practice of Consulting		1.5			
Spring	663.660	Managing People/Resolving Conflict		1.5			
Spring	663.671	Leading Change		1.5			
Fall	500.603	Graduate Orientation and Academic Ethics		n/a			
Fall or Spring	663.xxx	Elective		1.5			
Fall & Spring	662.811/812	MSEM Seminar		1			

Notes: No grades lower than C may be applied to the degree. Only one C may be used toward the degree.

This is to certify that _____ upon successful completion of the above course, will have satisfied all of the academic requirements laid down by the Department for granting a Master of Science in Engineering Management Degree

Technical Track Advisor's Signature _____

Date _____