Engineering Enrollment Plan Form

 Date _____

 Name _____

 Student Number _____

 Telephone Number _____

 Anticipated graduation _____

Internship/Co-op Employer _____

Do you need additional guidance to apply computer tools in order to meet the requirements of class assignments? Yes ____ No ____

Spring 2020

Subject	Course Number	Course Title	Class Number	Credit Hours

Summer 2020

Subject	Course Number	Course Title	Credit Hours

Fall 2020

Course Number	Course Title		Credit Hours
	Course Number	Course Number Course Title Image: Course Title Image: Course Title Image: Course Tit	Course Number Course Title Image: Second state

Return this form to your WU Advisor.

Updated 9/2019