

## Manufacturing Systems Engineering Graduate Student Profile

Today's Date: \_\_\_\_\_ Date Degree Expected: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Gender: (check one) Male \_\_\_\_\_ Female \_\_\_\_\_ Citizenship: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Name of Emergency Contact (within the United States): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Program: (check one)

M.S. Option A (thesis) \_\_\_\_\_ M.S. Option B (course) \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Assistantship: (check one, if applicable) RA \_\_\_\_\_ TA \_\_\_\_\_ GA \_\_\_\_\_ FS \_\_\_\_\_

Office/Lab Location: \_\_\_\_\_ Desk Number: \_\_\_\_\_ Office/Lab Phone: \_\_\_\_\_

Thesis Topic: (if applicable) \_\_\_\_\_

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