

COLLEGE OF ENGINEERING ME 497 PREREQUISITE / CONSENT FORM

PLEASE PRINT CLEARLY, COMPLETE ALL REQUIRED INFORMATION, OBTAIN SIGNATURE(S), AND THEN EMAIL SIGNED FORM TO THE COLLEGE OF ENGINEERING ADVISING CENTER

Name:

NSHE Number: CId CId 507 ref* CId ET/ABT/AMCID 34C 0.74020 (PLEASE PRINT)

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	LAST TWO	Yes	No	Verified by Advisor	
	Yes No			Verified by Advisor	

	DO (You must obtain your faculty mentor on the second page and then submit to the Advising Center for signature). DO NOT
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