

# Industrial Engineering Plan of Study

## TAILORED ELECTIVE FOCUS AREA

### Return to 3131 SC

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Career Goal: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Course	Course Title	Sem Hours

Total Semester 21 Hours minimum \_\_\_\_\_

GEC COMPONENT (Complete Following Table **ONLY IF** GEC courses complement EFA)

Course	Course Title	Sem Hours

Total Semester 15 Hours minimum \_\_\_\_\_

	<b>Date</b>
Student Signature: _____	_____
Advisor Approval: _____	_____
Dept. Chair Approval: _____	_____