UCI Samueli School of Engineering | Department of Chemical and Biomolecular Engineering

Master's Degree Plan of Study: Chemical and Biomolecular Engineering (2020-2021)

Name (Last, First)
Student ID Number
E-mail Address
Campus Phone #
Quarter and Year Expected to Graduate

Core Courses	**Course**	**Units**	**Grade**	**Qtr/Yr**
Applied Eng. Math I	CBE 200	4		
Reaction Engineering	CBE 210	4		
Transport Phenomena	CBE 220	4		
Adv. Eng. Thermodynamics	CBE 240	4		
Total Core Course Units		**16**		

Electives	**Course**	**Units**	**Grade**	**Qtr/Yr**
Total Elective Course Units				

Research/Other	**Course**	**Units**	**Grade**	**Qtr/Yr**
Dept. Seminar	CBE 298	2		
Dept. Seminar	CBE 298	2		
Dept. Seminar	CBE 298	2		
Total other Units				

Total Units	

Please check one:

Thesis Option (36 units) ☐

Minimum of **16** units must be made up of 4 core courses

Must complete a MS thesis

Students must *fulfill a minimum of* **3** quarters of CBE 298 (*Department Seminar*)

Students must take **5** additional graduate elective courses numbered 200-289 (or 200-295 if offered by other departments) approved by the Graduate Advisor *(3 units minimum/course)*

Up to **2** of these elective courses can be substituted by up to **8** units of CBE 296 (*M.S. Thesis Research*)

1 elective course may be substituted by an upper-division undergraduate elective course approved by CBE Graduate Advisor

Thesis advisor: _____

Comprehensive Exam Option (36 units) ☐

Minimum of **16** units must be made up of 4 core courses

Students must *fulfill a minimum of* **3** quarters of CBE 298 (*Department Seminar*)

Students must take **5** additional graduate elective courses numbered 200-289 (or 200-295 if offered by other departments) approved by the Graduate Advisor *(3 units minimum/course)*

1 elective course may be substituted by an upper-division undergraduate elective courses approved by CBE Graduate Advisor

Pass Comprehensive Exam

Signatures:

Candidate: _____ Date: _____

Graduate Advisor: _____ Date: _____

Associate Dean of Engineering: _____ Date: _____