

Title: _____ Employer: _____

Address: _____

Business phone: _____

Circle preferred mailing address: Home Business

Name, address and phone number of two persons who will know your future whereabouts:

1. _____ 2. _____

Phone: _____

Phone: _____

List all prior degrees earned, indicating for each degree, the institution and date awarded:

ACTIVITIES, HONORS, RECOGNITION AT CWRU:

Relatives who attended CWRU: Name, degree and date

It is the student's responsibility to secure the signatures of the Director and Advisor indicating the probability of the completion of requirements for the term indicated. This application must be submitted to the Master of Engineering Program Office by the application deadline for the current term.

Student's Signature: _____ Date: _____

Faculty Advisor's Signature: _____ Date: _____

Faculty Director's Signature : _____ Date: _____

Assoc. Dean of Engineering: _____ Date: _____

**Return to the Master of Engineering Program Office
Case School of Engineering, Case Western Reserve University, 500 Nord Hall, 10900 Euclid Avenue
Cleveland, Ohio 44106-7220**