

College of Engineering
Graduate Professional Programs
273 Chrysler Center, 2092
Tel: 734-647-7024

Sequential Undergraduate/Graduate Studies (SUGS)
Election Form

Student Name _____ ID# _____

CoE Degree Program _____

Degree Expected _____ Month/Year to be Awarded _____

Hours Required _____ Total Hours of Double-Count & Transfer _____

Title - Course# ·Hours
of Double Countd Courses

Title · Course# ·Hours
of Courses to be Transferred

CoE Elections Only

Student _____
(signature)/(name printed) (date)

Undergraduate
Advisor _____
(signature)/(name printed) (date)

Graduate
Advisor _____
(signature)/(name printed) (date)