Plan of Study Graduate Certificate in Manufacturing Systems University of Kentucky

General Information						
Student Name:			Student ID No:			
Date Submitted:			Date Certificate Expected:			
		Core Cour	ses			
(Select two courses from MFS 505, MFS 605, MFS 606 or MFS 613)						
Course No.	Course Title			Semester & Year	Grade	Credit Hours
Elective Courses						
(2 Courses are required)						
Course No.	Course Title		,	Semester & Year	Grade	Credit Hours
INO.						
Total Cred	it Hours					
	5	Student Signa	ture		Date	
Director of Graduate Studies Signature					Date	