

Clear POS

**UCF Mechanical Engineering MSME Program of Study (POS)  
Thermo-Fluids Track, Thesis Option**

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Catalog Year 2023 - 2024

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Advisor: \_\_\_\_\_  
 Submission Date: \_\_\_\_\_

UCF ID: \_\_\_\_\_  
 Admit Term: \_\_\_\_\_  
 POS  Initial  
 Version:  Revision

Students must complete 24 credit hours of formal course work. Formal course work does not include XXX 6918, XXX 6971, XXX 7919, or XXX 7980.

**Required Courses (12 Credit Hours Required)**

Course	Semester / Year	Credit Hrs.	Grade	Course Substitution	Transfer Institution	For Department Use Only	
						Transfer Classification	Formal Course Work
EML 5060 Mathematical Methods in Mechanical and Aerospace Engineering							
EML 5152 Intermediate Heat Transfer							
EML 5713 Intermediate Fluid Mechanics							
EML 6104 Classical Thermodynamics							
<b>Subtotal:</b>							<b>Subtotal:</b>

**Elective Courses (12 Credit Hours Required)**

For a complete list of suggested courses, please visit [www.graduatecatalog.ucf.edu](http://www.graduatecatalog.ucf.edu)

Course	Semester / Year	Credit Hrs.	Grade	Transfer Institution	For Department Use Only		
					Transfer Classification	Formal Course Work	
<b>Subtotal:</b>							<b>Subtotal:</b>

**Thesis Requirement (6 Credit Hours Required)**

Course	Semester / Year	Credit Hours	Grade	Formal Course Work
				No
				No
<b>Subtotal:</b>				

**Total Hours Toward Degree:** \_\_\_\_\_

**Formal Course Work Hours:** \_\_\_\_\_

**Number of Hours at 6000 Level:** \_\_\_\_\_

**Transfer Credit Abbreviations**

- External Transfer Work = E T
- Internal Transfer Work = IT
- Undergraduate Career = UG
- Nondegree Career = ND
- Completed MS Degree = MS
- Completed Certificate = Cert.

\* a definition of each type of transfer work can be found in: [www.graduatecatalog.ucf.edu](http://www.graduatecatalog.ucf.edu)

**Program Requirements Completion**

Requirement	Semester/Year
EML 5090 MAE Seminar 1*	
EML 5090 MAE Seminar 2*	
Thesis Defense	

\* You must successfully complete EML 5090 twice to fulfill degree requirements

**TITLE OF THESIS:** \_\_\_\_\_

**My thesis is interdisciplinary:**  Yes  No

**Permission to Publish Your Name with Thesis Information**

I give permission to have my name appear on the CECS list of completed thesis titles that is available to the public on the CECS website.

Yes  No

\_\_\_\_\_  
 Student's Signature Date

\_\_\_\_\_  
 MAE Graduate Program Director's Signature Date

\_\_\_\_\_  
 Advisor's Signature Date