



**Master of Engineering Degree Program in Electrical Engineering
At the Lowcountry Graduate Center**

Advising Sheet

Please complete and fax to Alex Reynolds at 803-777-8045.

Date:

Term of Registration:

Social Security Number:

Last Name:

First Name:

Degree Program: ME Electrical Engineering At Lowcountry Graduate Center

Street Address:

City:

State:

Zip:

Home Phone #:

Work Phone #:

Fax #:

E-mail Address:

Your Advisor's Name:

Course(s) For Which You Are Enrolling:

STUDENT SIGNATURE: _____

ADVISOR SIGNATURE: _____