

Self-Defined Cluster Declaration Form

Student Name: _____ **Date:** _____

Title of Cluster: _____

Courses: 1. _____

2. _____

3. _____

Statement of Rationale for Cluster: (Discuss how the three courses are linked).

Approvals:

Dr. J. Kelly Kissock,

Dr. Don Pair,

Chair, Dept. of Mechanical and Aerospace
Engineering

Associate Dean, College of Arts and
Sciences