

PH.D. DEPARTMENTAL QUALIFYING EXAMINATION FORM

Mechanical & Aerospace Engineering

SECTION I. EXAMINATION AREAS/COURSES

(complete prior to exam)

Student Name: _____ Faculty Advisor: _____

(1) _____
MAE Major

(1) _____
MAE Courses

(2) _____
MAE Minor

(2) _____
MAE Courses

(3) _____
General Area

(3) _____
Courses

Student Signature: _____ Advisor Signature: _____

SECTION II. EXAMINATION COMMITTEE

(complete at exam)

	Name (Print)	Signature	Approved (Yes/No)
Committee Chair: (Faculty Advisor)	_____	_____	_____
Committee Member: (Required)	_____	_____	_____
Committee Member: (Required)	_____	_____	_____
Committee Member: (Optional)	_____	_____	_____
Comments:	_____		

Student Signature: _____ Exam Date: _____

SECTION III. DEPARTMENTAL APPROVAL

(completed by Ph.D. advisor after exam)

Department Chair: _____ Date: _____