

Ph.D. Qualifying Exam Registration Form

Department of Mechanical Engineering

Name: _____
Last First Middle

Student ID#: _____ Area of Specialization: _____

Mailing Address: _____

Phone: _____ E-mail: _____

Topic of Research Paper: _____

Exam Subject Areas:

Primary: _____

Secondary: _____

Tertiary: _____

Requested Exam Committee Members (Please note that the Qualifier Committee will be nominated by the Mechanical Engineering Graduate Committee at the Graduate Committee meeting, however, the student may request particular committee members):

Professor Name: _____ Area to Cover: _____

Professor Name: _____ Area to Cover: _____

Professor Name: _____ Area to Cover: _____

Faculty Advisor's Signature: _____ Date: _____

Faculty Advisor's Name (print or type): _____

**** Other items needed at the time of application ****

- Unofficial transcript for courses taken in the U of U Graduate program
- Title and abstract for research talk