

M.S. Non-Thesis Comprehensive Exam Registration Form

Department of Mechanical Engineering

This form is due to the graduate advisor during the first week of the semester (Fall and Spring only)

Name: _____
Last First Middle

Student ID #: _____ Focus Area: _____

Mailing Address: _____

Phone: _____ E-mail: _____

Graduation Semester: _____

Exam Subject Areas

Select three subject areas from **focus courses** (refer to Program of Study). Print the course instructor names clearly. Have each instructor initial next to their name.

Course Name 1: _____ Instructor 1: _____

Course Name 2: _____ Instructor 2: _____

Course Name 3: _____ Instructor 3: _____

Supervisory Committee

Chair (Your advisor)

Member 1 Name

Member 2 Name

Chair Signature

Member 1 Signature

Member 2 Signature

**** Other items needed with registration ****

- Program of Study