

**DEPARTMENT OF MECHANICAL SCIENCE
AND ENGINEERING**

DOCTORAL QUALIFYING EXAMINATION REGISTRATION FORM

NAME: _____ UIN: _____ DATE: _____

Please indicate which Doctoral Qualifying Examination you will be taking:

<u><i>1st time tester:</i></u>	<u>Retake – Coursework Exam:</u>	<u>Retake – Research Presentation</u>
<i>January 200</i> _____	January 200 _____	January 200 _____
<i>August 200</i> _____	August 200 _____	August 200 _____

Please select two (2) of the following coursework areas on which to be tested. **YOU MUST SELECT TWO (2).**

- | | |
|--|--|
| <input type="checkbox"/> Computational Science and Engineering | <input type="checkbox"/> Thermodynamics |
| <input type="checkbox"/> Controls | <input type="checkbox"/> Manufacturing Systems |
| <input type="checkbox"/> Dynamics and Vibrations | <input type="checkbox"/> Materials Behavior |
| <input type="checkbox"/> Fluid Mechanics | <input type="checkbox"/> Materials Processing |
| <input type="checkbox"/> Heat Transfer | <input type="checkbox"/> Solid Mechanics |

MS THESIS TITLE (Actual or Proposed): _____

DATE OF MASTERS DEGREE CONFERRAL (Actual or Proposed): _____

NAME OF ADVISOR: _____

DIRECT DOCTORATE PROGRAM: _____ PhD ADVISOR: _____
(yes or no)

ADVISOR'S SIGNATURE: _____
(Please print name below signature)

TECHNICAL PUBLICATIONS: _____

For department use – do not write below this line.

Research Exam Proposal returned with registration: Y _____ N _____

If no, date of Proposal submission: _____ Date _____

RETAKE/COURSEWORK ONLY. Research Proposal not necessary.