**DEPARTMENT OF MECHANICAL SCIENCE AND ENGINEERING**

**DOCTORAL QUALIFYING EXAMINATION REGISTRATION FORM**

NAME: ___________________________________ UIN: ___________ DATE: __________

Please indicate which Doctoral Qualifying Examination you will be taking:

<table>
<thead>
<tr>
<th>1st time tester:</th>
<th>Retake – Coursework Exam:</th>
<th>Retake – Research Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>January 200</strong></td>
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<td><strong>August 200</strong></td>
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Please select two (2) of the following coursework areas on which to be tested. **YOU MUST SELECT TWO (2).**

- □ Computational Science and Engineering
- □ Thermodynamics
- □ Controls
- □ Manufacturing Systems
- □ Dynamics and Vibrations
- □ Materials Behavior
- □ Fluid Mechanics
- □ Materials Processing
- □ Heat Transfer
- □ 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: __________________________

- □ RETAKE/COURSEWORK ONLY.  Research Proposal not necessary.