ME Ph.D. Qualifying Examination Registration Request (New Format):

Date of request submission:			Student UIN:	
Student Name:	(Please Print)		(Please	
	,		·	- 0 7
Advisor Name: _	(Please print)	/_	(Please	
	(Flease print)		(Flease	sigiij
Summary of res	earch:			
the Graduate Pro	·	•	Any course not on the appro the Assoc. Head for Gradua Semester/ Year Taken	ved list must be submitted to te Programs) Grade
1				
2.				
				
3				
4				
				ed committee members + two- can schedule the exam with
Advisor Inpu	t required : Whic Coursework" require		e student taken that will co	ount towards the "8 hours
1.				

2.