DEPARTMENT OF MECHANICAL ENGINEERING

PETITION TO ADD DOCTORAL DEGREE

This form must be submitted to the Graduate Student Services Office with the following documents: a statement of purpose, your current transcript, and a letter of support from the faculty supporter.

Last Name:

CONTACT INFORMATION First Name: Middle Name Initial: Dhono Number:

Cal ID Number: Email:	Phone Number:
CURRENT REGISTRATION STATUS	
Current Degree Goal: Major Field Area:	Current Research Advisor:
Have you received the degree listed above? Yes	
* If No , indicate Official/Excepted Degree Conferral Date: Semester: Year:	
I am petitioning to add Ph.D. to my degree goal eff	fective, Semester: Year:
Reason of Request:	
DOCTORAL DEGREE FACULTY ENDORSEMENT (To Be completed by Faculty)	
Name of Ph.D. Research Advisor: Ph. D. Major Field Area:	
Does your endorsement include GSR support? Yes* No	
* If Yes , please briefly describe the financial package:	
Signature of Research Advisor:	Student Acknowledgment (signature):
Date:	Date:
FOR DEPARTMENT USE ONLY	
Approved Decline Signature of Vice-Chair of Graduate Study: Date:	
Comments:	

Berkeley University of California