

PROGRAM OF STUDY FOR DOCTORAL CANDIDATE IN MECHANICAL ENGINEERING

CONTACT INFORMATION

FULL NAME:	
SID:	
TELEPHONE:	
EMAIL:	

☐ Doctor of Philosophy in Mechanical Engineering

☐ Doctor of Engineering in Mechanical Engineering

APPROVAL

Major Field Adviser Signature: _____

Research Adviser Name:
(No signature required) _____

QUAL EXAMS COMMITTEE MEMBERS

FULL NAME	ROLE	DEPARTMENT

GRADUATE STUDENT INSTRUCTOR REQUIREMENT:

Course:

Semester / Year:

DESIGNATED EMPHASIS (DE) REQUIREMENT:
(Complete only if you are enrolled in a Designated Emphasis)

DE:

Courses Completed:

ACADEMIC HISTORY

DEGREE	COLLEGE/UNIVERSITY	MAJOR	DATE OF COMPLETION
Bachelor of Science			
Masters of Science			

GRADUATE STUDY AT U.C. START DATE:

CURRENT GPA:

PROGRAM OF GRADUATE STUDIES PREPARATORY TO QUALIFYING EXAMINATION

FIELD	COURSE TITLE	COURSE NUMBER	INSTITUTION	SEMESTER / YEAR	UNITS	GRADE
MAJOR						
INSIDE MINOR:						
OUTSIDE MINOR:						
EXTRA COURSES:						

Major GPA:

Inside Minor GPA:

Outside Minor GPA:

Overall GPA:

EXAMINATION INFORMATION:

Date of Exam:

Room:

Time:

Signature of Vice Chair, Graduate Study: _____

Date: _____