

DEPARTMENT OF MECHANICAL ENGINEERING
UNIVERSITY OF CALIFORNIA AT BERKELEY

**MEng COMPREHENSIVE ORAL EXAM:
MECHANICAL ENGINEERING CONTENT OF CAPSTONE
PROJECT**

Admission Term:

Date of Examination:

MEng area of Concentration:

Time:

Location:

CONTACT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

SID: _____ Phone Number: _____ Email: _____

EXAMINATION

Capstone Project Title: _____

Project Advisor: _____

Project Host Dept: _____

Committee Members

Results

Signatures

Member 1: _____

Pass

Fail*

Member 2: _____

* In case of **failed** examination, a written explanation must accompany this report.

The Committee recommends a re-examination:

 YES **NO**

SPECIAL INSTRUCTIONS

- Two committee members need to sign the form. One committee member must be from the ME dept.
- At least one committee member needs to be on the Academic Senate.
- Graduate Students can not be the second committee member.

Signature of Head of Graduate Adviser:

Date: