



DEPARTMENT OF
**MECHANICAL
ENGINEERING**

Comprehensive Examination Application
ME 5960 (0 units)

Semester _____ Year _____

Student Information

Last Name _____ First Name _____ CIN _____

Phone _____ Email _____

Advancement to Candidacy: Term _____ Year _____

Courses Taken	Term Taken	Grade

Approval

Department Chair _____ Date _____