



DEPARTMENT OF
**MECHANICAL
ENGINEERING**

Graduate Research ME 5970 (3 units)

Semester _____

Year _____

Student Information

Last Name: _____ First Name: _____ CIN: _____

Phone Number: _____ Email: _____

Advancement to Candidacy: Term _____ Year _____

Title of Study or Research:

Brief Description of Research:

Committee Members

Chairperson Name: _____ Signature: _____

Committee Member: _____ Signature: _____

Committee Member: _____ Signature: _____

Approval:

Department Chair: _____ Date _____