



DEPARTMENT OF
**MECHANICAL
ENGINEERING**

Comprehensive Examination Application

ME 5960 (0 units)

Semester _____

Year _____

Student Information

Last Name _____ First Name _____ CIN _____

Phone _____ Email _____

Date of Advancement to Candidacy: Term _____ Year _____

Courses Taken

Course Subject/#	Term	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comprehensive Exam Committee Members

Chairperson _____

Faculty _____

Faculty _____

Approval

Department Chair _____ Date _____