

**PhD Qualifying Exam Request Form**  
Thermal/Fluids Systems Area  
Walker Department of Mechanical Engineering  
The University of Texas at Austin

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**Student Name:** \_\_\_\_\_ **Student Email:** \_\_\_\_\_  
**Advisor Name:** \_\_\_\_\_ **Student EID:** \_\_\_\_\_  
**Requested Semester for QE:** \_\_\_\_\_ **ME Degrees Received:** \_\_\_\_\_  
**First Semester Enrolled in the ME Graduate Program at UT Austin:** \_\_\_\_\_

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**BRIEF DESCRIPTION OF THESIS RESEARCH AREA (200 words limit):**

**PRIORITIZED LIST OF FACULTY TO SERVE ON THE EXAM COMMITTEE (3 preferred and up to 2 alternates):**

- 1.
- 2.
- 3.
- 4.
- 5.

Use an asterisk (\*) to indicate which, if any, are not members of the ME GSC.

**COURSEWORK CURRENTLY TAKING AND/OR COMPLETED (use an asterisk (\*) to indicate which three courses you want to be considered as your core courses):**

Course #	Course Name	Grade	Course #	Course Name	Grade

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**Student Signature**

**Date**

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**Advisor Signature**

**Date**