

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

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:

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 alternatives):

- 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

Student Signature

Date

Advisor Signature

Date