

MATERIALS SCIENCE AND ENGINEERING DEPARTMENT

REQUEST FOR QUALIFYING EXAMINATION FORM

NAME: _____ **EMP ID:** _____

OFFICE ROOM AND PHONE: _____

E-MAIL ADDRESS: _____

DATE OF QUALIFIER: _____

TIME AND ROOM NUMBER: _____

COMMITTEE MEMBERS:

Adviser: _____

Other MSE Members: _____

Outside Member: _____

(Please include title)

Outside Member Affiliation (company or university department):

DISSERTATION/THESIS TITLE:

Please return to Emily Blair and update your Study Plan in GSTS.

Copies of proposed research thesis to be given to Committee Members **two weeks** in advance of exam date. **If you need to change any information included on this form, contact Emily Blair.**