

**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 Jeannine Hall with updated Study Plan.**

Copies of proposed research thesis to be given to Committee Members **two weeks** in advance of exam date.