

RESULTS OF AEROSPACE ENGINEERING DOCTORAL QUALIFYING EXAM

Student Name: _____

First Attempt

Second Attempt

Committee Members (print and sign):

Date:

Date:

1. CHAIR	PASS	FAIL		PASS	FAIL
2. ADVISOR	PASS	FAIL		PASS	FAIL
3.	PASS	FAIL		PASS	FAIL

Additional requirements, if any:

Graduate Director: _____

RESULTS OF AEROSPACE ENGINEERING DOCTORAL COMPREHENSIVE EXAM*

First Attempt

Second Attempt

Committee Members(print and sign):

Date:

Date:

1. CHAIR	PASS	FAIL		PASS	FAIL
2. Minor Area Representative	PASS	FAIL		PASS	FAIL
3. Math/Science Representative	PASS	FAIL		PASS	FAIL
4.	PASS	FAIL		PASS	FAIL
5.	PASS	FAIL		PASS	FAIL

Additional Requirements:

Graduate Director: _____