

AOE Preliminary Exam Application and Eligibility Form

The exam will be on the third Monday in September

Student Name:			Student ID #:			
l h	ave verified the following information r	required to take	the PhD wr	tten preliminary exam.		
1.	My GPA is at least 3.10 (GPA =).				
	My Plan of Study (POS) has been approvaduate School. My Advisory Committee	• •	•	ee and has been submitte	d to the	
a.		d.				
b.	, Co-Chair	e.				
c.		f			-	
3.	My selected discipline is: (Check one)	☐ Aero	□ D&C	☐ Structures		
		☐ Ocean	☐ Applie	d Math		
		☐ Applied	l Physics	☐ Space Engineering		
4.	All prerequisite courses in my selected Procedures Manual have been success					
5.	I have scheduled my official PhD (oral)	Preliminary Exan	n with the G	raduate School:		
	Oral Exam Date	Oral Exam Time		Oral Exam Locat	ion	
6.	Special Notes: (e.g. 2 nd time, oral exam only, etc.)					
	Student Signature		Email <i>i</i>	Address (print!)	-	
	Advisory C	ommittee Chairp	erson Signa	ture		

Return to the Graduate Program Coordinator by September 1.