ME Ph.D. Qualifying Examination Registration Request (*New Format*):

Date of request submission: __________________ Student UIN: __________________

Student Name: ___________________________________________/__________________________________________
(Please Print) (Please sign)

Advisor Name: ___________________________________________/__________________________________________
(Please print) (Please sign)

Summary of research: _____________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Courses being used to satisfy Qualifying Exam Requirement: (Any course not on the approved list must be submitted to the Graduate Programs Office to be reviewed and approved by the Assoc. Head for Graduate Programs)

<table>
<thead>
<tr>
<th>Course (Rubric and number)</th>
<th>Area</th>
<th>Semester/Year Taken</th>
<th>Grade</th>
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Advisors should e-mail Kathy Smith (*smith15@illinois.edu*) with three names of suggested committee members + two-three suggested articles. Once these are received, the student will be notified that they can schedule the exam with the committee.

**Advisor Input required:** Which two courses has the student taken that will count towards the “8 hours of Enrichment Coursework” requirement?

1.

2.