

Name: \_\_\_\_\_

ID #: \_\_\_\_\_

## Doctor of Philosophy, post-BS Program of Study

No more than 9 non-matriculated credits, 6 transfer credits, or 3 independent study (ME 6950) credits allowed. Need 2 consecutive semesters of at least 9 credit hours each. All classes must be graded B- or better. Attach another copy of this form if more lines are needed.

**Form deadline:** Due to the ME Graduate Advising Office (MEB 2102) **7 months prior to graduation**

### 39 course credits:

24 credit hours of ME EN courses (9 credit hours of which must be at the 7000 level):

_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.
_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.
_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.
_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.
_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.
_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.
_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.
_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.

15 credit hours of electives (courses in Math, Science and/or Engineering):

_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.
_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.
_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.
_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.
_____	_____	_____	_____	_____
Semester	Course Name	Course Number	Grade	Cr.

### 14 credit hours of dissertation research (ME EN 7970):

_____	PhD Research	ME EN 7970	_____	_____
Semester	Course Name	Course Number	Grade	Cr.
_____	PhD Research	ME EN 7970	_____	_____
Semester	Course Name	Course Number	Grade	Cr.
_____	PhD Research	ME EN 7970	_____	_____
Semester	Course Name	Course Number	Grade	Cr.
_____	PhD Research	ME EN 7970	_____	_____
Semester	Course Name	Course Number	Grade	Cr.

### Supervisory Committee:

_____	_____	_____
<b>Chair (Your Advisor)</b>	<b>Member 1 Name</b>	<b>Member 2 Name</b>
_____	_____	_____
<i>Chair Signature</i>	<i>Member 1 Signature</i>	<i>Member 2 Signature</i>
_____	_____	_____
<b>Member 3 Name</b>	<b>Member 4 Name and Department</b>	
_____	_____	
<i>Member 3 Signature</i>	<i>Member 4 Signature</i>	

Defense Date: \_\_\_\_\_

Graduation Semester: \_\_\_\_\_