HENRY SAMUELI SCHOOL OF ENGINEERING & APPLIED SCIENCE MECHANICAL & AEROSPACE ENGINEERING DEPARTMENT 48-121 ENGINEERING IV, UCLA BOX 951597 LOS ANGELES, CALIFORNIA 90095-1597 FAX (310) 206-4830

Comprehensive Examination Record for the M.S. Degree in Mechanical and Aerospace Engineering.

| Student UID Number : | <u>Last Name</u> : | First Name: | |
|----------------------|--------------------|----------------|-------------|
| | | | |
| Address: | City/Zip: | <u>E-mail:</u> | |
| | | | |
| Faculty: | Course: | | _ |
| Department | Academ | nic Rank | |
| Exam Date | | | |
| ☐ Passed ☐ Failed | | | |
| Signature: | Date: | | _ |
| | | | |
| Faculty: | Course: | | _ |
| Department | Academ | nic Rank | |
| Exam Date | | | |
| ☐ Passed ☐ Failed | | | |
| Signature: | Date: | | _ |
| Faculty: | Course | | |
| Department | | nic Rank | |
| | Academ | ne rank | |
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| ☐ Passed ☐ Failed | | | |
| Signature: | Date: | | _ |



| Faculty: | Course: | - | | |
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| Department | Academic Rank | | | |
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| ☐ Passed ☐ Failed | | | | |
| Signature: | Date: | | | |
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| Department | Academic Rank | _ | | |
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| ☐ Passed ☐ Failed | | | | |
| Signature: | | | | |
| Faculty: | Course: | - | | |
| Department | Academic Rank | _ | | |
| Exam Date | | | | |
| ☐ Passed ☐ Failed | | | | |
| Signatura | Data | | | |

Student must pass exam questions in three different graduate courses in a two-year period. The maximum number of exam questions which may be attempted is six, including repeats of the same course.



M.S. Thesis Committee Recommendations

| The following student: | | | | |
|----------------------------------|---------------|------------|-------------|--|
| <u>Student UID Number :</u> | <u>Last N</u> | ame: | First Name: | |
| | ☐ Passed | | | |
| | | | | |
| Graduate Advisor: | | Signature: | | |
| Committee Member: | | Signature: | | |
| Committee Member: | | Signature: | | |
| Vice Chair for Graduate Affairs: | | Signature: | | |
| Date: | | | | |
| | | | | |

