

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

Student UID Number :                      Last Name:                      First Name:  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address:                                      City/Zip:                                      E-mail:  
\_\_\_\_\_

Faculty: _____	Course: _____
Department _____	Academic Rank _____
Exam Date _____	
<input type="checkbox"/> Passed <input type="checkbox"/> Failed	
Signature: _____	Date: _____

Faculty: _____	Course: _____
Department _____	Academic Rank _____
Exam Date _____	
<input type="checkbox"/> Passed <input type="checkbox"/> Failed	
Signature: _____	Date: _____

Faculty: _____	Course: _____
Department _____	Academic Rank _____
Exam Date _____	
<input type="checkbox"/> Passed <input type="checkbox"/> Failed	
Signature: _____	Date: _____



Faculty: \_\_\_\_\_ Course: \_\_\_\_\_  
Department \_\_\_\_\_ Academic Rank \_\_\_\_\_  
Exam Date \_\_\_\_\_  
 Passed       Failed  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty: \_\_\_\_\_ Course: \_\_\_\_\_  
Department \_\_\_\_\_ Academic Rank \_\_\_\_\_  
Exam Date \_\_\_\_\_  
 Passed       Failed  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty: \_\_\_\_\_ Course: \_\_\_\_\_  
Department \_\_\_\_\_ Academic Rank \_\_\_\_\_  
Exam Date \_\_\_\_\_  
 Passed       Failed  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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:

Student UID Number : \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Passed       Failed

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Graduate Advisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Committee Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Committee Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Vice Chair for Graduate Affairs: \_\_\_\_\_ Signature: \_\_\_\_\_

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

