

**Drexel University
College Of Engineering
Department of Mechanical Engineering and Mechanics**

Ph.D. Preliminary Examination Request

To: Graduate Advisor

From: _____

(please print)

Student Number: _____

Email Address: _____

Date: _____

G.P.A.: _____

Phone: _____

I hereby request to take my Ph.D. Preliminary Examination during the **term** (circle one) Fall / Spring of the **Academic Year** _____ in the following (Fill as appropriate) :

Major Area Examination

Core area: _____

Core course sequence 1: _____

Core course sequence 2: _____

Listed below are the courses taken to support these examinations:

<u>Course No.</u>	<u>Title</u>	<u>Term/Year</u>	<u>Grade</u>
Major Area (minimum four courses):			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Signature

Approved: _____
Name of Faculty Advisor

Signature of Faculty Advisor **Date**

Signature of Graduate Advisor **Date**