Drexel University
College Of Engineering
Department of Mechanical Engineering and Mechanics

Clearance for Ph.D. Degree Applicant

(Print or type information as requested below)

This Form is to be filed with the Department Graduate Advisor for Departmental Clearance for Commencement. It should be submitted 30 days prior to and no later than 10 days before the end of the term in which you expect to complete the degree requirements. Discrepancies herein will delay processing, so please be accurate. Note that before you file this form with the Graduate Advisor you should make certain that your student records are in order at both the Department and the Office of Graduate Studies. Following approval of this form you should then submit an Application for Doctoral Degree (Form D-8) to the Graduate Advisor.

Full Name: _____
Last (capitalize) First Middle

Student Identification Number: _____

Current Address: _____

_____

Phone Number: _____ **E-mail Address**: _____

Present Employer, if applicable: _____

Employer's Address: _____

_____

Employer's Phone Number: _____

Master's Degree, if applicable (School, Degree, Graduation Date): _____

_____

Date Ph.D. Program Started: _____

Date of Dissertation Defense: _____

If applicable, **list on the reverse side**, any conditions (such as additional courses, etc.) that your Ph.D. Candidacy Examination Committee imposed at the time of the examination, provide back-up information that these conditions have been satisfied, and have your faculty advisor sign your statement.

Additional course work beyond the M.S. Degree (minimum of 18 credits and exclusive of independent study and Dissertation):

Course Number	*Course Title*	*Term/Year*	*Credits*	*Grade*

How was the **Requirement for Technical Writing** satisfied? _____

_____ (attach grade sheet / transcripts / or waiver approval)

I certify that the information provided in this form is correct. I understand that any discrepancies herein may delay the academic clearance.

_____

Signature of Student **Date**

The above student has satisfied all the requirements of the Department as well as those of the Office of Graduate Studies for the Ph.D. Degree.

_____

Signature of Student's Faculty Advisor **Date**

Academic Clearance Approved:

_____

Department Graduate Advisor **Date**