



## MechE PhD Qualifying Exam Form

1. Student \_\_\_\_\_  
Full Name BU ID BU Email

2. Exam Schedule: \_\_\_\_\_ Tentative? Y\_\_\_\_ N\_\_\_\_  
Date Time

3. Room/Location: \_\_\_\_\_ (book location through 25live)

4. Research Area: \_\_\_\_\_

5. Exam Committee Signatures:

1<sup>st</sup> Examiner (Advisor): \_\_\_\_\_  
Print Signature Date

2<sup>nd</sup> Examiner: \_\_\_\_\_  
Print Signature Date

3<sup>rd</sup> Examiner: \_\_\_\_\_  
Print Signature Date

6. Bibliographic reference of paper:

\_\_\_\_\_

For office use only

7. Approved Schedule for exam: \_\_\_\_\_  
Date Time Room

8. MechE Academic Programs Approval of Exam:

\_\_\_\_\_  
Print Signature Date

9. Official Qualifying Exam Result

- ☐ Pass  
☐ Pass (with condition; see supporting documentation)  
☐ Fail; request the student retake the exam to pass  
☐ Fail

10. Associate Chair for Graduate Programs Documentation of Outcome:

\_\_\_\_\_  
Print Signature Date