Comprehensive-Exam Form for the Master of Science

Department of Mechanical & Aerospace Engineering The Henry Samueli School of Engineering University of California, Irvine

Student Information			
Last name:	First name:		Faculty advisor:
Address:			Student ID#:
Home phone:	Office phone:		Email:
Major area of study:			M.S. degree requirements to be completed by:
Submit this form to the department gradual below. Check the appropriate box below, and I have satisfied the Comprehensive Exam requal Option 1 — Passing the PhD p	d obtain the required a uirement by (complet	signatures after complet e one option below):	
Exam subject area:		Date passed:	
Signature of graduate advisor:		Date:	
Option 2 — Taking MAE294 (Number of units taken (attach completed report):	4S Project) and	l passing and exa	
Signature of supervising professor:		Date:	
☐ Option 3 — Passing a compre	hensive exam i		ect area:
Subject area of exam (same as your MS major area):		Date passed:	
Signature of faculty member administering the exam:		Date:	
Signature of the Candidate:			Date:
Approval Signature:			Date:
Approval Signature:(MAE Graduate Advisor)			