

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

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**Ph.D. Preliminary Examination Request**

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**To:** Graduate Advisor

**From:** \_\_\_\_\_

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

(please print)

**Student Number:** \_\_\_\_\_

**G.P.A.:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**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> |
|---|--------------|------------------|--------------|
| <b>Major Area</b> (minimum four courses): |              |                  |              |
| _____                                     | _____        | _____            | _____        |
| _____                                     | _____        | _____            | _____        |
| _____                                     | _____        | _____            | _____        |
| _____                                     | _____        | _____            | _____        |
| _____                                     | _____        | _____            | _____        |

\_\_\_\_\_  
**Student Signature**

**Approved:** \_\_\_\_\_  
**Name of Faculty Advisor**

\_\_\_\_\_  
**Signature of Faculty Advisor**      **Date**

\_\_\_\_\_  
**Signature of Graduate Advisor**      **Date**