Department of Mechanical Engineering ME PhD Program and Minor Approval OR EM Doctoral Plan UPDATE/CHANGE Request

<u>Form instructions:</u> Form is fillable PDF – type form, obtain advisor digital signature, email to <u>Sara Hladilek</u>

| Student Name: | Date: |
|--|---|
| 10-digit Campus ID #: | Student WISC email: |
| Program (Select one): Mechanical Engineerin | ng Engineering Mechanics |
| Advisor Name: | Co-advisor Name: |
| Minor Approval form or EM Doctoral Plan. 2. Attach a copy of your original approved plan to | roved department minor (Option A) or grad/prof capstone (Option |
| Original Approved Plan Information: | |
| 1. In what section number of the original plan are | e you requesting a change? |
| 2. Which course(s) in the currently approved plan | n would you like to remove? |
| Change Request Information: | |
| 1. What course(s) would you like to request be a | pproved in place of the ones in the original plan? |
| Reason: | |
| 1. Please give a brief explanation as to why you a | re requesting this change. |
| | |
| Student Digital Signature & Date: | |
| Advisor Digital Signature & Date: | |
| Co-Advisor Digital Signature & Date: | |
| Approve Deny ME Gr | raduate Chair Signature & Date: |