

# PhD Final Oral Defense Committee Approval and Warrant Request Form for ENGINEERING MECHANICS

Form is a fillable PDF. Type form. Email to [Sara Hladilek](#). Please submit at least four (4) weeks prior to exam.

Date: \_\_\_\_\_ Student 10-Digit ID number: \_\_\_\_\_ Wisc Email Address: \_\_\_\_\_

Student Name (Last, First, Middle): \_\_\_\_\_ Minor: \_\_\_\_\_  
(Ex. "Distributed" or "Mathematics")

Use [preferred name](#) on warrant?

Yes (*name on warrant will be the preferred name you entered into your MyUW*)

No (*name on warrant will be the legal name from your student record*)

Below, identify your advisor, co-advisor (if applicable), and committee members (see Engineering Mechanics online handbook for committee requirements). All committee members must be **readers for your thesis**.

## Final PhD Defense Committee Membership:

| Advisor,<br>Co-Advisor,<br>or N/A | Name<br>(Last, First, Middle Initial) | Job Title<br>(ex: Professor, Asst. Professor,<br>etc.) | Institution/Company Name<br>(ex: UW-Madison or NASA) | Department Name<br>(ex: Mechanical<br>Engineering) | Email Address | Reader<br>Y |
|-----------------------------------|---------------------------------------|--|--|--|---------------|-------------|
| 1. Advisor                        |                                       |  | UW-Madison   | Mechanical Engineering                             |               | Y           |
| 2.                                |                                       |  |  |  |               | Y           |
| 3.                                |                                       |  |  |  |               | Y           |
| 4.                                |                                       |  |  |  |               | Y           |
| 5.                                |                                       |  |  |  |               | Y           |
|                                   |                                       |  |  |  |               |             |
|                                   |                                       |  |  |  |               |             |
|                                   |                                       |  |  |  |               |             |

**Exact** Date of Final Oral Exam: \_\_\_\_\_

Date Prelim Exam was Passed: \_\_\_\_\_

Planned Dissertation Title:

Faculty Advisor Digital Signature: \_\_\_\_\_

Co-Advisor Digital Signature (*if applicable*): \_\_\_\_\_