PRELIMINARY EXAM Warrant Request Form – ENGINEERING MECHANICS

Form instructions: ***Form is fillable PDF – type form, obtain advisor digital signature, email to Sara Hladilek; at least 4 weeks prior to exam.***

Prior to submitting this preliminary exam warrant request form, your Doctoral Plan form must be complete, approved by the ME Graduate Committee and submitted to Sara, EM Graduate Coordinator. Please submit your signed Doctoral Plan form with this warrant request or verify Sara has a copy of the document.

Student Name: _____ Campus ID: _____ WISC Email: _____

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)*

Minor: _____ Date of Minor Completion: _____

Date of Preliminary Exam (**Exact Date**): _____

Preliminary Exam Committee Members:

- 5 Committee members are required (the advisor must be listed as from ME, 4 must be current UW-Madison faculty, at least 3 must be from the Mechanical Engineering Department, at least one must be from outside the Mechanical Engineering Department, one may be from outside UW-Madison if approved by the department)

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

Faculty Advisor Digital Signature & Date: _____