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

Form instructions: Form is a fillable PDF form, obtain advisor digital signature, email to Sara Hladilek; at least 4 weeks prior to defense date.

Date:			10-Digit ID number:	Wisc			
Student Name (Last, First, Middle):				Minor: (Ex. "Distributed" or "Mathematics")			")
Us	e preferre	ed name on warrant?	Yes (name on warrant will	be the preferred name you	entered into your MyUW)		•
			No (name on warrant will b				
	•		able), and committee members (see D for your thesis. Make sure to discuss			mbership requirem	ents). All
Fin	al PhD D	efense Committee Memb	ership:				
Co 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	Reader Y
1.	Advisor			UW-Madison	Mechanical Engineering		Υ
2.							Y
3.							Y
4.							Y
5.							Y
Exa	act Date o	of Final Oral Exam:		Date Prelim E	xam was Passed:		•
Pla	nned Dis	sertation Title:					
Fac	culty Advi	sor Digital Signature:		Co-Advisor Digital Signature (if applicable):			