

UNIVERSITY OF NOTRE DAME
Department of Aerospace and Mechanical Engineering
APPLICATION TO THE GRADUATE STUDIES COMMITTEE
FOR THE FORMATION OF A **NON-THESIS NON-RESEARCH**
COMPREHENSIVE EXAMINATION COMMITTEE

Student's Name _____

Area of Research _____

Approximate Date of Oral Comprehensive Exam _____

.....

The following faculty have agreed to be part of the non-research master's committee. They will be responsible for conducting the student's non-thesis oral comprehensive examination. Final decision on the make-up of the committee, and/or substitutions in case of absence of faculty, will be made by the Graduate Studies Committee.

NAME OF FACULTY	SIGNATURE
_____ <i>Advisor</i>	_____
_____ <i>Committee Member</i>	_____
_____ <i>Committee Member</i>	_____

Student Signature

Date