DEPARTMENT OF MECHANICAL ENGINEERING The University of Texas at Austin

Program of Work for Doctoral Degree (This form must be typed)

Last Name	First Name	Middle Name	UT EID
Previous Degree	e(s) and Date(s) Awa	rded	
Date Qualifying	Exam(s) Passed V	Vritten:	Oral:
Date of Proposa	1		
Proposed Title o	f Dissertation		
MAJOR:			
NOTE : This pr	ogram of work must	include a minimum of	6 graded graduate graded graduate courses
•	ut an MS degree)	e) of a minimum of 12 g	raded graduate courses
	en and to be taken at een applied to any oth	•	at Austin: these courses

Semester/Yr. Unique # Course # Course Title Professor Grade

List transfer courses taken at an institution other than The University of Texas at Austin (you must attach written approval from the Graduate Studies Committee for these courses):

Semester/Yr. Course # Course Title Institution Grade

List the members of your committee (no signature needed). Please indicate each member's role as **supervisor**, **co-supervisor** or **member**.

Typed Name Graduate Department/Program Role

Please check before signing:	
which has been proposed. The student has also passed all of the required by the program for admiss. None of the listed courses has been a approval of the GSC has been provided. All of the courses listed in the program years.	pplied to any other degree and written ed for any listed transfer courses. ram of work were taken within the past six ent in academic breadth/depth and has
Student (printed name)	Doctoral Committee Chair (printed name)
Student (signature)	Doctoral Committee Chair (signature)
	reviewed and approved the Program of Work nend admission to candidacy for the doctoral
Signature o	of Chair of Graduate Studies Committee

WL/amv (Revised 3/2020)