



PRELIMINARY EXAM WARRANT APPLICATION FORM – Mechanical Engineering

Date of Request: _____ Student 10-digit ID #: _____

Student Name (Last, First, Middle): _____

Student @wisc.edu email address: _____

Minor: _____ Date of Minor Completion: _____

Proposed Date of Exam: _____

Preliminary Exam Committee Members:

- 4 UW-Madison faculty are required
- Faculty must be current or within one year of retirement/resignation date
- If there is a co-advisor, please add a star (*) next to the name

Name (Last, First Middle)

Department/Major Represented (Full Name)

1 (Advisor): _____

2: _____

3: _____

4: _____

5 (Optional): _____

6 (Optional): _____

Major Professor Signature: _____

Date: _____

FORM SHOULD BE SUBMITTED TO 3182 ME A MINIMUM OF 3 WEEKS PRIOR TO YOUR EXAM

(FOR OFFICE USE ONLY)

Program Plan Approved

Grades Entered

Enrolled Full-Time

Date warrant requested: _____