

Application to Complete the Aeronautics and Astronautics Doctoral Field Evaluation

Name: _____

Email: _____

Start Date in AeroAstro (Month/Year): _____

Cumulative GPA: _____

Doctoral Advisor: _____

Chosen AeroAstro Field: _____

Chosen Field Evaluation Subjects:

1) _____ Grade: _____

2) _____ Grade: _____

3) _____ Grade: _____

(Student Signature)

(Date)

Doctoral Advisor Signature and Commitment:

By signing this application, I understand that I am committing to advising this AeroAstro graduate student's doctoral thesis.

(Advisor Signature)

(Date)