

Mechanical Engineering Graduate Student Profile

Today's Date: _____ Date Degree Expected: _____

Last Name: _____ First Name: _____

Student ID Number: _____ E-Mail: _____

Gender: (check one) Male _____ Female _____ Citizenship: _____

Current Street Address: _____

City, State, Zip Code: _____

Home Phone Number: _____ Alternate Phone Number: _____

Permanent Address: _____

City, State, Zip Code: _____

Name of Emergency Contact (within the United States): _____

Emergency Contact Phone Number: _____ Relationship: _____

Program: (check one)

M.S. Option A (thesis) _____ M.S. Option B (course) _____

Ph.D. without M.S. _____ Ph.D. with M.S. _____

**Ph.D. students only: Date you expect to take the Qualifying Exam: _____

Faculty Advisor: _____

Assistantship: (check one, if applicable) RA _____ TA _____ GA _____ FS _____

Office/Lab Location: _____ Desk Number: _____ Office/Lab Phone: _____

Technical Area: (check one)

Mechanics ____ Thermal-Fluids ____ Systems & Design ____ Manufacturing ____ Paducah ____

Thesis Topic: (if applicable) _____
