THE UNIVERSITY OF AKRON
DEPARTMENT OF CIVIL ENGINEERING

Ph. D. Qualifying Examination Notification Form

Date: ____________________ (mm/dd/yy)

To: __________________________________________________________________________
    Chair, Graduate Policy Committee, Department of Civil Engineering

From: Student Name: _____________________________________________________________
    Student Signature: ___________________________________________________________
    Student ID#: __________________________________________________________________
    Student Mailing Address: _______________________________________________________
    ___________________________________________________
    Student Telephone #: (_____) ________________________________

Major Area of Study: _____________________________________________________________

I would like to inform you of my intent to take the Civil Engineering Ph.D. Qualifying Exam during
___________ Semester ___________ . My chosen Civil areas of specialization are indicated below.

Structural Engineering ................................................................. □

Water Resources and Hydraulic Engineering ........................................... □

Geotechnical Engineering ............................................................... □

Environmental Engineering ............................................................ □

Transportation Engineering ............................................................. □

Received,

_________________________________________________________ Date: ____________
    Chair, Graduate Policy Committee, Department of Civil Engineering (mm/dd/yy)