

# MIT, Aero-Astro General Exam Application

**Doctoral students wishing to take the General Exam must complete this form and return it to the Academic Programs Office in 33-208, at least 10 days prior to the written exam.**

(Please Print)

**Student Name** \_\_\_\_\_

**Examiners on Written (Print Name and Email Address)**

\_\_\_\_\_ Chairman  
(Name and Email Address)

\_\_\_\_\_

\_\_\_\_\_

**Examiners on Oral (Print Name and Email Address)**

Check here if the examiners are same as WRITTEN EXAM. If not, fill in names below

\_\_\_\_\_ Chairman  
(Name and Email Address)

\_\_\_\_\_

\_\_\_\_\_

**Date of Written** \_\_\_\_\_

**Date of Oral** \_\_\_\_\_

**Room Number of Oral** \_\_\_\_\_

**Time of Oral** \_\_\_\_\_

**Guest** \_\_\_\_\_

**Dept. Representative** \_\_\_\_\_ (will be provided by  
Academic Services)

**WHICH OPTION (check one):**     **Standard**                       **Thesis Proposal**

Do you want a general notice sent to the faculty to announce the date of your oral exam?

Yes                       No