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)