

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,

Chair, Graduate Policy Committee, Department of Civil Engineering

Date: _____
(mm/dd/yy)