

Final Oral Examination Form for EML4914: *Undergraduate Realization Thesis*

DATE: _____

TO: Undergraduate Coordinator, Mechanical & Aerospace Engineering

We, the undersigned, have examined _____
Student's Name

UFID _____, on _____, in accordance with the
Date

requirements governing EML4914 Undergraduate Realization Thesis for this Oral Examination and have

adjudged their performance as: ____ Satisfactory ____ Unsatisfactory

The thesis has been examined by all of us and has been

____ Approved ____ Rejected.

Exceptions or qualifications are noted as follows: _____

SIGNATURES & FIELDS OF FACULTY MENTOR AND WITNESSES:

Faculty Mentor's signature - required

Field

Second Witness signature - not required

Field

Third Witness signature - not required

Field

Note: this form is not for an Honors Thesis. Ask your advisor
for guidance as needed.

APPROVED BY:

Undergraduate Coordinator's Signature *Date*