Application to Initiate the Aeronautics and Astronautics Doctoral Field Evaluation

Name:	
Email:	
Start Date in AeroAstro (Month/Year):	
Current Advisor:	
AeroAstro Field Selection:	
Field Evaluation Subjects:	
1)	
2)	
3)	
By signing this application, I understand that I am committing to subjects above to constitute my Field Evaluation Subjects, and that may not be changed at a later date. I understand that I must compin accordance with the requirements set forth by the AeroAstro Evaluation guidelines, and have an advisor who is eligible to advi MIT who is committed to serve as my doctoral advisor, in order to the doctoral program. I understand that if I am unable to complete described, I may take a Field Exam in my chosen area, for admissing program.	at these subjects blete these courses boctoral Field se PhD students at o gain admission to the these courses as
(Student Signature)	(Date)