**Application for the Qualifying Examination**

Approved by the ME department's 5th meeting of the 2023-2024 academic year

The revised date: January 22, 2024

Application Date: YYYY/MM/DD

CCU Student ID： Student Name：

The Year and Month of Registration：

Research Group：

Academic Professor：

**※Please check the core courses for qualifying examination with a signature by the course instructor.**

**※Both signatures by the adviser and the course instructor are required for the designated course.**

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| --- | --- | --- | --- |
| □Robotics | □Optimum design | □Elasticity | □Structural Dynamics |
| □Intermediate Fluid Dynamics | □Intermediate Heat Transfer I | □Linear System | □Digital Control Systems Design |
| □Opto-mechatronics | □Opto-mechatronic System Design |
| The academic Professor agrees to the selected course (if not including in the above courses, please fill in the name of the course) |  | Signature of the advisor |  |
| Signature of the Course Instructor |  |  |  |