

Student Name: _____

Ph.D. Advisory Committee Chair/Co-Chair: _____

Ph.D. Committee Members: _____

Category (check one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Scientific Paper | <input type="checkbox"/> Grant/Fellowship | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Design Experience | <input type="checkbox"/> Instruction | |

Credit Hours Requested (check one):

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 credit hour | <input type="checkbox"/> 2 credit hours | <input type="checkbox"/> 3 credit hours |
|--|---|---|

Supporting Documentation:

Scientific Paper

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Justification | <input type="checkbox"/> Statement of Acceptance | <input type="checkbox"/> Galley Proof |
|--|--|---------------------------------------|

Grant/Fellowship

- | | | |
|--|--|---|
| <input type="checkbox"/> Justification | <input type="checkbox"/> Grant Application | <input type="checkbox"/> Statement of Submittal |
|--|--|---|

Intellectual Property

- | | | |
|--|---|--|
| <input type="checkbox"/> Justification | <input type="checkbox"/> IP Application | <input type="checkbox"/> Statement of Acceptance |
|--|---|--|

Design Experience

- | | | |
|--|--|---|
| <input type="checkbox"/> Justification | <input type="checkbox"/> Design Reports,
Drawings, etc. | <input type="checkbox"/> Reference Form |
|--|--|---|

Instruction

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Justification | <input type="checkbox"/> Syllabus | <input type="checkbox"/> Sample Lesson Materials |
|--|-----------------------------------|--|

Date of Application: _____

Student Signature: _____

Advisor Signature: _____

Co-Advisor Signature: _____

Director of Graduate Studies Signature: _____

Department Chair: _____

REFERENCE FORM

This form must be submitted for each engagement claimed as qualifying design experience.

PART A – TO BE COMPLETED BY THE STUDENT

I, the student, hereby demonstrate qualifying design experience that is relevant to my area of study and is consistent with professional standards of competency.

Student Name: _____

Area of Study within BAE: _____

Engagement Number: _____

Employment Dates
(MM/DD/YYYY): _____

Total Time Worked in Months
(for this engagement): _____

Employer, Employer's Address,
and Student's Title: _____

Reference, Reference's Title,
Reference's Address, Reference's
Email, and Reference's Phone
(including area code and extension): _____

Description of Engineering Tasks and Duties:

Level of Responsibility:

Description of Engineering Decisions Made:

Projects:

REFERENCE FORM

PART B – TO BE COMPLETED BY THE REFERENCE

My relation with the Student has been/is: ☐ Employer/Supervisor ☐ In Responsible Charge*
(check all that apply) ☐ Co-Worker/Associate* ☐ Reviewed Work* ☐ Other*

Do you verify the Student's experience on Part A? ☐ YES ☐ NO

Have you personally seen and reviewed the Student's engineering work? ☐ YES ☐ NO

Do you consider the Student's design experience to be within the stated ☐ YES ☐ NO
area of study?

Do you consider the Student's design experience to be consistent with ☐ YES ☐ NO
professional standards of competency?

*Explain in detail all responses marked with an asterisk. Attach additional sheets if needed.

I certify that these statements are true and correct to the best of my knowledge and that I have personally reviewed and examined the student's engineering work.

Signature of Reference: _____

Date: _____