Registration for ECE Qualifying Exam

Student's name: Email:

Phone: Advisor:

Full or Part-time? Date of enrollment in PhD program:

List of courses taken since starting the PhD program:

Course number and title	Term	Grade

Doctoral Supervisory Committee:

Name	Faculty title	Department
chair:		

Date you wish to take the exam:

Title of report:

Report abstract:

Student Signature: Date:

Advisor Signature: Date: