



APPLICATION FOR DOCTORAL QUALIFYING/COMPREHENSIVE EXAMINATION

Date of Application _____

Student Information

Name _____ Student ID _____

Local Address (Street) _____ Phone # _____

City/State/Zip _____

E-Mail address _____

Current program and major _____

Faculty Advisor _____

Exam Information

Dates of Requested Examination: _____

Focus Area

- Communication and Signal Processing
- High Performance Computing Systems
- Software and Intelligent Systems
- Power Electronics and Energy Systems
- Solid-State and RF Devices and Systems

Three Required Core Courses

1. _____
2. _____
3. _____

Two Recommended Courses

1. _____
2. _____

Student's Signature _____

Faculty Advisor's Signature _____

You will be contacted regarding details of the examination. Should you have additional questions, please contact the EECS Academic Program Coordinator.