

## Qualifying Exam Form

**Please complete in pen or electronically and submit at least 4 weeks prior to the date of the exam. Date must be within 14 months after matriculation date.**

Student Name:  
Matriculation Date:  
Faculty Advisor(s):  
    -Observers:  
Curricular Group:

### **COURSES COMPLETED AND/OR IN PROGRESS**

<u>Course number</u> <small>(renumbered)</small>	<u>Title</u>	<u>Semester Taken</u>
Ex: ECE 571	Electromagnetic Theory	Fall 20FG

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

### **COMMITTEE MEMBERS:**

#### **Chair (determined by DGS)**

Faculty Examiners in your curricular group, not including your advisor

\_\_\_\_\_  
\_\_\_\_\_

Faculty Examiner not in your curricular group:

\_\_\_\_\_

### **QUALIFYING EXAM DETAILS:**

**REPORT TITLE:**

**DATE:**

**TIME:**

**PLACE:**

\_\_\_\_\_  
**Advisor**  
**Date:**

\_\_\_\_\_  
**Departmental Approval**  
**Date:**