

Department of Electrical and Computer Engineering
PhD Preliminary Examination
June 19, 2019

Name: _____ SID: _____

Exam Area: _____

Advisor: _____

Quarter and year you entered the program: _____

Please list the five courses you would like to be tested for the Preliminary Exam.

Basic Courses

1. Course number and title: _____

If you have taken this course, fill in the following:

Quarter: _____ Year: _____ Grade received: _____

2. Course number and title: _____

If you have taken this course, fill in the following:

Quarter: _____ Year: _____ Grade received: _____

3. Course number and title: _____

If you have taken this course, fill in the following:

Quarter: _____ Year: _____ Grade received: _____

Advanced Courses

4. Course number and title: _____

If you have taken this course, fill in the following:

Quarter: _____ Year: _____ Grade received: _____

5. Course number and title: _____

If you have taken this course, fill in the following:

Quarter: _____ Year: _____ Grade received: _____

Student Signature: _____ Date: _____

Submit completed form to the ECE Office in 343 WCH by the deadline of **May 3, 2019**

Office use only:

Graduate Advisor approval: _____ Date: _____