

**Department of Electrical and Computer Engineering**  
**MS Comprehensive Examination**  
*December 18, 2019*

Name: \_\_\_\_\_ SID: \_\_\_\_\_

Exam Area: \_\_\_\_\_

Quarter and year you entered the program: \_\_\_\_\_

**Courses from the Exam Area**

\_\_\_1<sup>st</sup> exam attempt: List the five courses you would like to be tested for the Exam.

\_\_\_2<sup>nd</sup> exam attempt: List only the courses you need to re-take for the Exam.

1. Course number and title: \_\_\_\_\_

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

Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

2. Course number and title: \_\_\_\_\_

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

Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

3. Course number and title: \_\_\_\_\_

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

Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

4. Course number and title: \_\_\_\_\_

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

Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

5. Course number and title: \_\_\_\_\_

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

Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form to the ECE Office in 343 WCH by the deadline of **Nov. 8, 2019.**

**Office use only:**

Graduate Advisor approval: \_\_\_\_\_ Date: \_\_\_\_\_