

Department of Electrical and Computer Engineering
MS Comprehensive Examination
REGISTRATION FORM
June 17, 2020

Name: _____ SID: _____

Email address: _____

Exam Area: _____

Quarter and year you entered the program: _____

Courses from the Exam Area

___1st exam attempt: List the five courses you would like to be tested for the Exam.

___2nd 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: _____ 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: _____

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: _____

Email completed form to kim@ece.ucr.edu by the deadline of May 8, 2020.