

Department of Electrical and Computer Engineering
PhD Preliminary Examination
REGISTRATION FORM
June 17, 2020

Name: _____ SID: _____

Email address: _____

Exam Area: _____ Advisor: _____

Quarter & year you entered the program: _____

___1st exam attempt: List the five courses for the Exam.

___2nd exam attempt: List only the courses you need to re-take for the Exam.

Basic Courses (2)

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: _____

Advanced Courses (2)

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: _____

Basic or Advanced Course (1)

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.