



Department of Electrical & Computer Engineering
Graduate Studies Program
Room 237 Drees Laboratory

Request for Approval of Ph.D. Qualifier Examination Committee

Advisor _____ requests approval of Ph.D. Qualifier Examination Committee for:
(please print or type)

Mr./Ms. _____ SSN _____ - _____
during the _____ Quarter 20_____.

Name

Area

Advisor

Second Examiner

Third Examiner

Advisor's Signature

Approve

Disapprove

Signature of Graduate Studies Chairman

Comments _____

Date