

PHD QUALIFYING EXAMINATION

REGISTRATION FORM

Name (Last, First): _____ LSU ID: 89-_____

First Semester/Year in ECE PhD Graduate Program: _____

Contact Phone: _____ Major Professor: _____

Degree(s) Earned:

Degree: _____ University: _____ Year: _____

Degree: _____ University: _____ Year: _____

Degree: _____ University: _____ Year: _____

REQUEST TO TAKE THE PHD QUALIFYING EXAMINATION

EXAM DATE: FALL SPRING YEAR

MAJOR AREA (Choose only one): ELECTRONICS
 COMPUTERS
 POWER
 SYSTEMS (Automatic Control, Communications, DSP)

_____ Number of times you have previously taken this exam

Submit to the ECE Graduate Office, EE Bldg., Room 150-D or email to brobe38@lsu.edu
At least 1 week prior to exam date