



University of
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Dartmouth

Department of
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REQUEST TO TAKE Ph.D. QUALIFYING EXAMINATION

To: The ECE Graduate Program Director

I, _____
Last First M.I

Local Address: _____ Telephone: _____

_____ Work Phone: _____

Email address: _____

intend to take the Ph.D. Qualifying Examination that is scheduled to take place on

Date

I wish to be evaluated by the rules governing the ELE / CPE (circle one) option.

The math course I choose to be evaluated on is _____.

ELE option only: The courses/categories I choose to be evaluated in are (list two):

Advisor signature _____ Date: _____