



UMass

Dartmouth

COLLEGE OF ENGINEERING Electrical and Computer Engineering Department

FOCUSED EXAM RESULTS

(3 courses in a core specialization of the proposed research area)

To: The ECE Graduate Program Director

The ECE doctoral student: _____ SID: _____

Has passed _____ topics of the Graduate Focus Exam Qualifier on

Date: _____. If one or more topics was not passed, please indicate if/when a retest will occur. If the results are for a retest, please note that.

Detailed Results:

1. Course Name/Topic: _____

Pass/Fail _____ Date: _____

Examiner Signature: _____

2. Course Name/Topic: _____

Name (print): _____ Date: _____

Examiner Signature: _____

3. Course Name/Topic: _____

Name (print): _____ Date: _____

Examiner Signature: _____

Approval Signatures: _____ Date: _____

Primary Advisor

_____ Date: _____

ECE Graduate Program Director