

**Department of Electrical and Computer Engineering  
Form for Submission of  
Ph.D. Comprehensive Examination Committee**

Comprehensive Examination for: \_\_\_\_\_ Student #: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Chief Advisor: \_\_\_\_\_

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The suggested membership of the Examining Committee and areas of questions are:  
(Give both name *and* area of questions/course numbers, the student is examined on relevant undergraduate and graduate course work and other topics related to the research area)

**Examiners:  
Informed**

**General Areas of Questions and/or Course**

**Numbers**

*(tick when copies  
sent to examiners)*

- |    |       |       |                          |
|----|-------|-------|--------------------------|
| 1. | _____ | _____ | <input type="checkbox"/> |
| 2. | _____ | _____ | <input type="checkbox"/> |
| 3. | _____ | _____ | <input type="checkbox"/> |
| 4. | _____ | _____ | <input type="checkbox"/> |

The examination is to be held on: \_\_\_\_\_ at: \_\_\_\_\_ am/pm in room TEB \_\_\_\_\_  
(Date, time and room to be set by supervisor after consultation with examiners, and before seeking approval from the Departmental Graduate Board Chair)

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**For Office Use Only:**

**APPROVALS:**

Graduate Board Chair : \_\_\_\_\_ Date : \_\_\_\_\_

Chair: \_\_\_\_\_  
(Appointed by Graduate Affairs Assistant) (Date appointed)

Course Work Requirement

Complete  Incomplete

Date: \_\_\_\_\_