

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

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

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

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

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)

<b>Examiners:</b>	<b>General Areas of Questions and/or Course Numbers</b>	<b>Informed</b> <i>(tick when copies sent to examiners)</i>
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)

**For Office Use Only:**

**APPROVALS:**

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

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

Course Work Requirement  
 Complete    Incomplete      Date: \_\_\_\_\_