

ME Ph.D. Qualifying Examination Registration Request (*New Format*):

Date of request submission: _____

Student UIN: _____

Student Name: _____ / _____
(Please Print) (Please sign)

Advisor Name: _____ / _____
(Please print) (Please sign)

Summary of research: _____

Courses being used to satisfy Qualifying Exam Requirement: *(Any course not on the approved list must be submitted to the Graduate Programs Office to be reviewed and approved by the Assoc. Head for Graduate Programs)*

<u>Course (Rubric and number)</u>	<u>Area</u>	<u>Semester/ Year Taken</u>	<u>Grade</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Advisors should e-mail Kathy Smith (smith15@illinois.edu) with three names of suggested committee members + two-three suggested articles. Once these are received, the student will be notified that they can schedule the exam with the committee
