



Outcome of Qualifying Examination

Student Section: Please submit this form to the chair of the QE committee on or prior to the QE exam date.

Name: _____

MyUH ID#: _____ Email: _____

Degree objective (check one): _____ BS to PhD _____ MS to PHD

Dissertation advisor: _____

Semester and year admitted to program: _____

Research area (circle one):

Bio & Neuro Engineering	Communication & Networking	Computer & Embedded Systems
Controls & Robotics	Electromagnetics	Microelectronics Circuits & Systems
Nanotechnology	Optics & Photonics	Power & Energy Systems
Signal & Image Processing		

QE Committee Member Section:

Date exam took place: _____

Outcome (check one): _____ Pass _____ Fail _____ Further testing is necessary.

Comments: _____

<u>Print Name</u>	<u>Signature</u>	<u>Date</u>
1)*		
2)**		
3)		
4)		
5)		

* Chair of QE committee ** Advisor

Committee chair: Please return this form to the Graduate Advisor (Kelly King): knking@central.uh.edu