Request for PhD Qualifying Examination
Lane Department of Computer Science & Electrical Engineering
West Virginia University

This form must be completed by LCSEE PhD students who intend to start the PhD qualifying exam process. The form must be submitted to the Department Graduate Administrative Assistant, Tina Harvey, in AER 263A.

Name: ___________________________  Student ID: ___________________________  Date: ____________

Student email (mix account): ___________________________  Advisor’s Name: ___________________________

Program Major (check one):
- Electrical Engineering (EE)
- Computer Engineering (CpE)
- Computer Sciences (CS)

My area of research in the department is in (check one):
1. Electronics & Photonics
2. Systems & Signals
3. Computer Systems
4. Software & Knowledge Engineering
5. Theory of Computing

I hereby request for the following three courses to be designated as “qualifier core courses” in which I will be examined by the Qualifying Examination Committee (QEC). (Student seeking to be qualified must first pass 3 of the Ph.D. core courses associated with his/her program and these 3 courses must be in at least 2 areas. Areas 1, 2, 3, 4 associate with EE program; 2, 3, 4 associate with CpE program; 3, 4, 5 associate with CS program.)

Qualifier Core Courses

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EE 550</td>
<td>EE 513</td>
<td></td>
<td>CS 630</td>
<td>CS 520</td>
</tr>
<tr>
<td>EE 551</td>
<td>EE 515</td>
<td></td>
<td>CS 677</td>
<td>CS 525</td>
</tr>
<tr>
<td>EE 650</td>
<td>EE 533</td>
<td></td>
<td>CS 684</td>
<td></td>
</tr>
</tbody>
</table>

I intend to take the departmental PhD qualifying coursework exam by (enter a semester): _________________

I intend to take the departmental PhD qualifying research exam by (enter a date): _________________

My tentative qualifying research title is: ____________________________________________________________________________

Student’s Signature: _________________  Date: ___________  Advisor’s Signature: _________________  Date: ___________

Date Received: _________________  Admin. Asst. Signature: ______________________

For Qualifying Approval Committee (QAC) use only

Appointed Qualifying Research Examination Committee Members:
1. ___________________________  QAC Chair: ___________________________
2. ___________________________  Approved: ___________________________
3. ___________________________  Date: ___________________________
4. ___________________________