

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 363A.

Name: _____ Student ID: _____ Date: _____

Student email (mix account): _____ Advisor's Name: _____

Program Major (check one):

Electrical Engineering (EE) Computer Engineering (CpE) Computer Science (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 CIS program.)

Qualifier Core Courses

1. Electronics & Photonics	2. Systems & Signals	3. Computer Systems	4. Software & Knowledge Engineering	5. Theory of Computing
<input type="checkbox"/> EE 550	<input type="checkbox"/> EE 513	<input type="checkbox"/> CPE 553	<input type="checkbox"/> CS 573	<input type="checkbox"/> CS 510
<input type="checkbox"/> EE 551	<input type="checkbox"/> EE 515	<input type="checkbox"/> CPE 520	<input type="checkbox"/> CS 630	<input type="checkbox"/> CS 520
<input type="checkbox"/> EE 650	<input type="checkbox"/> EE 533	<input type="checkbox"/> CPE 670	<input type="checkbox"/> CS 677	<input type="checkbox"/> CS 525
			<input type="checkbox"/> CPE 684	

I intend to take the departmental PhD qualifying 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 Examination Committee Members:

1. _____ QAC Chair: _____

2. _____ Approved: _____

3. _____ Date: _____

4. _____