

QUALIFYING EXAM SIGN-UP SHEET

Name _____
 Email Address _____
 Area of Concentration _____
 Research Advisor _____

Date _____
 UIN# _____
 Term of Entry _____
 GPA _____

B.S. Degree Institution _____
 M.S. Degree Institution _____

Major _____
 Major _____

Oral Exams:

Exam 1 _____
 Exam 2 _____

Re-take (Y/N)? _____
 Re-take (Y/N)? _____

List Courses Taken:

Course Number	Title	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List Future Courses: Fill out Completely!

*This is your plan for completing the course requirements for the Ph.D. degree, as specified in the **MatSE Graduate Handbook**. Your advisor's signature indicates that he/she has discussed the plan with you and approves it. In the future, you may make changes in your course selections after consulting with your advisor. For 500-level specialty courses, be sure to check in which year/semester they will be offered.*

Course Number	Title	Semester
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Academic Advisor Print and Sign Name _____

Director of Graduate Studies Signature _____

PLEASE RETURN THIS FORM TO Michelle Malloch in 201 MSEB
 Download and attach a **DARS audit** as well as a completed **Degree Coursework Checklist**.