

QUALIFYING EXAM SIGN-UP SHEET

Name _____
Email Address _____
Research Advisor _____

Date _____
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 and Credit Hours	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 and Credit Hours	Semester
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Academic Advisor Print and Sign Name _____

Director of Graduate Studies Signature _____

PLEASE RETURN THIS FORM TO Department Office in 201 MSEB
Download and attach a [DARS audit](#) as well as a completed [Degree Coursework Checklist](#).