

## QUALIFYING EXAM SIGN-UP SHEET

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Email Address \_\_\_\_\_ Term of Entry \_\_\_\_\_  
 Research Advisor \_\_\_\_\_ GPA \_\_\_\_\_

B.S. Degree Institution \_\_\_\_\_ Major \_\_\_\_\_  
 M.S. Degree Institution \_\_\_\_\_ Major \_\_\_\_\_

**Oral Exams:**

Exam 1 \_\_\_\_\_ Re-take (Y/N)? \_\_\_\_\_  
 Exam 2 \_\_\_\_\_ 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 THE DEPARTMENT OFFICE IN 201  
 MSEB. DOWNLOAD AND ATTACH A COPY OF YOUR UNOFFICIAL  
 TRANSCRIPT AS WELL AS A COMPLETED DEGREE COURSEWORK  
 CHECKLIST**