

**ELECTRICAL AND COMPUTER ENGINEERING**  
**Ph.D. Qualifying Examination Request Form**

I request permission to proceed with the ECE Ph.D. Qualifying Examination

Name of Student (Ex: Last, First)

VT ID # (last four digits only)

Degree Program: **CPE**            or    **EE**

Research Area:

Campus:

It is the student's responsibility to complete and submit this form to his/her Area Chair **within the first fifteen class days of their second semester of enrollment.**

Faculty Advisor: \_\_\_\_\_

Area Chair: \_\_\_\_\_

**Failure to meet the form deadline and abide by the policies stated in the ECE Graduate Student Policy Manual will result in failure for first attempt of the Ph.D. Qualifying Examination.**

Chair of Qualifying Exam Committee: _____
Qual Exam Committee Member: _____
Qual Exam Committee Member: _____

The Area Chair is to retain this form until the Ph.D. Qualifying Examination Committee is selected. Once selected, this form is to be given to the Chair of the examination committee to maintain until the oral exam is held. The Chair of the examination committee is to submit this form to the ECE Academic Advisor, simultaneously with the ECE Ph.D. Qualifying Examination Result Form.