



DOCTORAL QUALIFYING EXAMINATION  
PART 2 EVALUATION  
EE/CE/TE Graduate Program

**To be completed by Student**

Date of Examination: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ UTD ID: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Degree Program: \_\_\_\_\_ EE PhD only—Concentration Area: \_\_\_\_\_

Title of the Presentation Topic: \_\_\_\_\_

PhD Dissertation Advisor: \_\_\_\_\_

(Provide one copy for each of your Evaluating Members the day of your examination)

**FIRST ATTEMPT—please use one form per evaluator**

**PhD Advisor's Evaluation:** \_\_\_\_\_ Pass \_\_\_\_\_ Fail

Detailed comments are required for a fail grade:

**Input of Other Faculty Member Present at Examination—Name:** \_\_\_\_\_

Comments:

**Signature:**

\_\_\_\_\_  
Evaluator (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Routing Instructions: Submit original, completed form to EE Graduate Program Office - ECSN 4.524)

**SECOND ATTEMPT—please use a single form**

**Committee's Evaluation:** \_\_\_\_\_ Pass \_\_\_\_\_ Fail

Detailed comments are required for a fail grade:

**Signatures (only 3) of the QE Oral Exam Committee:**

\_\_\_\_\_  
Chair Signature

\_\_\_\_\_  
Member 1 Signature

\_\_\_\_\_  
Member 2 Signature

\_\_\_\_\_  
Standby Member Signature

(Routing Instructions: Submit original, completed form to EE Graduate Program Office - ECSN 4.524)