



DOCTORAL QUALIFYING EXAMINATION APPLICATION ECE Graduate Program

Date of Application: _____

Last Name: _____ First Name: _____

Graduate Program: _____ UTD ID: _____

EE Research Area: _____ Email: _____@utdallas.edu

PhD Advisor: _____

Is PhD Advisor an ECE full-time/affiliated faculty? Yes If No, contact [ECE Graduate Program](#)

Semester admitted to PhD Program: _____ Year admitted to PhD Program: _____

Joined PhD Program with: (A) Student meets registration requirements in the semester completing QE Parts 1 and/or 2? If (A) is Yes, # of hours registered:

Master's degree

Bachelor's degree

Yes

If No, not eligible

QE Part 1 – Two structured graduate courses offered by the Erik Jonsson School as determined by the PhD Advisor

Choose One: First Attempt Second Attempt

Course Prefix & Number	Course Title	Semester & Year the course is taken at UTD	Grade (Min. B+)

QE Part 2 – Title of Oral Presentation

Choose One: First Attempt Second Attempt

Signatures and Approvals

Student Signature

Date

PhD Advisor Signature

Date

Submission Deadline: Completed application must be submitted to the ECE Graduate Program Office, ECSN 2.7 Front Desk or emailed to ecegradprogram@utdallas.edu, no later than the Census Day of the full-term session of the semester to be presented.

Application Follow Up Instructions: Student is required to complete the [PhD QE Part 2 Presentation Details Online Submission](#) within 10 business days after the submission deadline referenced above.

ECE Graduate Program Office Use Only

Application Approved by: _____ Date: _____