Ph.D. in Intelligent Systems Engineering
Qualifying Examination Approval Form

Student’s Name: ____________________________________________

Student’s Signature: _________________________________________

Student’s Email: ____________________________________________ Date: _______________________

Doctoral Minor Field: _________________________________________

Chair of Department Signature: ______________________ Date: _______________________

Date of Examination: ________________________________________

____ Pass    ____ Did NOT Pass

Results/ Recommendations:

Re-examination Date: ________________________________________

____ Pass    ____ Did NOT Pass

Results/ Recommendations:

Advisory Committee Chair’s (Advisor) Name: ______________________

Advisory Committee Chair’s (Advisor) Signature: ______________________ Date: __________

Advisory Committee:

Name: ______________ Signature: ______________________ Date: __________

Name: ______________ Signature: ______________________ Date: __________

Name: ______________ Signature: ______________________ Date: __________

Please submit completed form to the ISE Graduate Studies Office.