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.