THE UNIVERSITY OF TOLEDO 1872

Electrical Engineering and Computer Science Department

APPLICATION FOR DOCTORAL QUALIFYING/COMPREHENSIVE EXAMINATION

Date of Application _____

Student Information

Name_____Student ID_____

Local Address (Street)_____Phone #_____

City/State/Zip _____

E-Mail address_____

Current program and major _____

Faculty Advisor_____

Exam Information

Date of Requested Examination: _____

Specialization Area (check one)

Electrical Engineering

[ ] Communications

[ ] Signals, Image Processing, and Computer Vision

[ ] Controls

[ ] Materials, Devices, Electromagnetics and Plasma

[ ] Power

Computer Science and Engineering

[ ] Advanced Computing Systems

[ ] Artificial Intelligence

[ ] Cyber Security

List the **four courses** on the exam and provide course number and title.

1._____

2._____

3._____

4._____

Student's Signature_____

Faculty Advisor's Signature_____

You will be contacted regarding details of the examination. Should you have additional questions, please contact the EECS Academic Program Coordinator.