Ph.D. Area Examination Form

(This form must be completed and returned to Graduate Administrative Assistant in the ECE office prior to writing the Ph.D. thesis dissertation and at least three (3) months prior to dissertation defense)

Ph.D. Student’s Name: _________________________________ ID # ________________

Area Examination Date: ________________________________

Proposed Dissertation Title: ____________________________________________________________

Research Advisor: _____________________________________________

Examiners:
The format of the area examination is at the discretion of the Ph.D. student’s Research Advisor and committee but will typically include a presentation by the student describing the current state of their research field, their planned research activities, and the expected contributions of their work. The Research Advisor and committee will determine the Pass/Fail outcome of the area examination.

1. __________________________   2. __________________________
   Name/Affiliation            Name/Affiliation

3. __________________________   4. __________________________
   Name/Affiliation            Name/Affiliation

Examination Outcome: Please check one only:   [ ] Pass   [ ] Fail

Comments:________________________________________________________________________

Research Advisor Approval:

_________________________________________ _________________
Research Advisor Signature                Date

Please Note:

Ph.D. students are eligible to take the area examination after they have successfully completed the diagnostic examination and have completed at least three semesters of coursework in the graduate program.

• All PhD students are required to successfully complete the area examination prior to the completion of their seventh semester in the graduate program.
• Failure to successfully complete the area examination prior to the end of the student’s seventh semester will be considered a failure to make satisfactory academic progress.