Ph.D. Diagnostic Examination Form

(Diagnostic Exam should be completed and returned to the ECE office within the first year of beginning the PhD program. For students directly admitted to the PhD program from BS, this form should be completed within one year after completing 30 credit hours of graduate work.)

Ph.D. Student’s Name: ____________________________________________  ID # ____________

Diagnostic Examination Date: ________________________________

Research Advisor: _____________________________________________

(must be a full-time WPI ECE faculty member)

Examiners:

The diagnostic examination is administered by the Ph.D. student’s Research Advisor and at least one member of the committee. Full participation of the committee is recommended. At the discretion of the Research Advisor, additional faculty outside of the student’s committee may also participate in the diagnostic examination.

1. __________________________  2. __________________________
   Name/Affiliation

3. __________________________  4. __________________________
   Name/Affiliation

Examination Outcome:

Please check one only:  [ ] Pass*  [ ] Fail  [ ] Repeat  Next Exam Date: ________

* Prescribed Required Remediation (if applicable) (coursework, reading assignments, and/or independent study, etc.):

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Research Advisor Approval:

_________________________________________  __________________________
Research Advisor Signature                     Date

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