



Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Department: \_\_\_\_\_ ID #: \_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Program Admission Date: \_\_\_\_\_

**The Comprehensive Examination is scheduled for:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Background Subjects (3-6 topics)**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

*(Note: any member **who disagrees with the list of background subjects** above should immediately inform the PhD Program Coordinator/Advisor in the ECE Grad Office)*

**Examining Committee Membership:**

Two faculty members from the candidate's home department and one faculty member from within the University but outside of the candidate's home department who will also serve on the candidate's PhD Comprehensive Proposal Examination committee, and PhD Defense committee. **All members of the examining committee must be present at the comprehensive examination.**

Name	Member Type	Dept.	Signature
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

All Signatures Required

By signing above the committee member indicates that they approve of the background subjects listed on this form and their willingness to serve on the advisory and examination committee for the named student.

**The Chair for the PhD Comprehensive Background Examination is:**

Chair: \_\_\_\_\_

**Approvals:**

Candidate's Supervisor (1)	Date	Candidate's Supervisor (2)	Date
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Associate Chair, Graduate Studies	Date
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