

Mid-Degree Review Form

**Dept. of Electrical and
Computer Engineering**

Meet with your faculty advisor to discuss possible committee members. Then submit this form to the ECE Graduate Studies Office (room ECE 263) for approval by the ECE Director of Graduate Studies.

Name:
Student ID: _____ Home Phone: _____ Office Phone: _____
Address & Zip Code: _____
ECE E-Mail Account: _____
Expected Graduation Date: _____
Faculty Advisor: _____

Committee Members:

Prof. _____ **Prof.** _____ **Prof.** _____

Approval of committee is required prior to scheduling the exam: _____
Director of Graduate Studies

Examination Date and Time: _____ **Location:** _____

The student named above has _____ passed _____ failed the Ph.D. Mid-Degree Review.

We have reviewed the student's Doctoral Plan of Study and find that

_____ The study program is satisfactory.

_____ The study program must be modified as follows:

Committee Signatures:
