



Registration Form for PhD Qualifying Examination

Department of Electrical Engineering

Exam Date: _____

Student Name			
Student ID			
Supervisor			
Email		Qualifier Attempt	<input type="checkbox"/> First <input type="checkbox"/> Second
Qualifier Area	<input type="checkbox"/> Signals, Communications, and Intelligent Systems <input type="checkbox"/> Energy and Power Systems <input type="checkbox"/> Electronics and Embedded Systems <input type="checkbox"/> Photonics and Semiconductor Devices		
Subject List	1)	2)	3)

Replacement Course (From above list): _____

Academic Justification for Replacement Request (Advisor Remarks)

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Subjects Applicable for Exemption:

Course Code and Title	Semester and Year of Enrolment	Grade Awarded
1)		
2)		
3)		

Student Signature

Advisor Signature