University of Illinois at Chicago
Department of Electrical and Computer Engineering
Ph.D. Qualifying Examination
Registration Form

(Please print legibly.)

Section I. Student Information

Mr./Ms. _____ _____
First Name Last Name UIN

_____ _____
Mailing Address Phone

_____ _____
City, State, Zip code Email

Section II. Current Program Status

Name of Ph.D. Advisor: _____

Term/Year Admitted: _____ GPA: _____

Are you registered this term? Yes ☐ No ☐

Section III. Ph.D. Qualifying Exam Registration

Year: _____

Attempt: First ☐ Second ☐

Select 1 or 2 Areas

Check (✓)	Areas
	Signal Processing
	Communications
	Controls
	Electromagnetics
	Solid State Electronics
	Computer Architecture
	Digital Systems & VLSI Design
	Algorithms & Data Structures
	Power Electronics & Electric Circuits

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____