LOUISIANA STATE UNIVERSITY
Department of Electrical and Computer Engineering
Graduate Program

MS WRITTEN COMPREHENSIVE/PhD QUALIFYING EXAMINATION REGISTRATION FORM

EXAM DATE (Mark only one): ☐ **FALL** ☐ **SPRING** _____ **YEAR**

PAWS ID: _____ **Program:** ☐ **MS** ☐ **PhD**

NAME: _____
Last *First* *Middle*

ADDRESS: _____

CONTACT PHONE: _____ **E-MAIL**: _____

****

REGISTRATION FOR (Mark all that apply):

☐ MS WRITTEN COMPREHENSIVE *****

☐ PhD QUALIFYING

_____ Number of times previously taken

*** If you are planning to use the Comprehensive Exam for a MS thesis degree, then you must submit a *Request for Master's Examination* form to ECE Graduate Office 4 weeks prior to the date of MS Comprehensive Examination.**

MAJOR AREA: **(Mark only one)**

☐ Electronics ☐ Computers ☐ Power ☐ Systems

WHO IS YOUR MAJOR PROFESSOR: _____

important: Return the completed form to the ECE graduate program office (102-c electrical engineering building) or email to eceapply@lsu.edu*

FOR OFFICE USE ONLY

Date Received: _____ *By:* _____ *ID Tag:* _____

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