NTUST Graduate School of Information Engineering
Application for Ph.D. Qualifying Examination

I. Name of Applicant:_____ Student Number:_____

II.

	Exam Subject	Exam Date	Exam Result
First Year First Semester		/ /	☐Passed ☐Failed
		/ /	☐Passed ☐Failed
		/ /	☐Passed ☐Failed
First Year Second Semester		/ /	☐Passed ☐Failed
		/ /	☐Passed ☐Failed
		/ /	☐Passed ☐Failed
Second Year First Semester		/ /	☐Passed ☐Failed
		/ /	☐Passed ☐Failed
		/ /	☐Passed ☐Failed
Second Year Second Semester		/ /	☐Passed ☐Failed
		/ /	☐Passed ☐Failed
		/ /	☐Passed ☐Failed

III. Application for Change in Exam Subject

Original Subject	New Subject	Exam Date	Exam Result
		/ /	☐Passed ☐Failed
		/ /	☐Passed ☐Failed
		/ /	☐Passed ☐Failed

Signature of Dept. Chair: Signature of Faculty Advisor:

_____Date:_____   _____Date:_____

_____Date:_____   _____Date:_____

_____Date:_____   _____Date:_____

_____Date:_____   _____Date:_____