

Department of Electrical and Computer Engineering

Application Form for Field of Study (FoS) Examination

Student's Name:

UCID#:

Email Address:

Date of Initial Registration:

Supervisor:

Selected Subject Group Areas (approved by your Supervisor):

- 1.
- 2.
- 3.
- 4.

Please register me for the February / June (circle one) FoS examination.

Signature of Student

Signature of Supervisor

Note: Submit the completed and signed form to the Graduate Program Administrator by January 31 for the February examination and May 31 for the June examination.