

FINAL PROGRAM OF STUDY FOR DOCTORAL CANDIDATES

Name: _____
 Date: _____
 Advisor's Name: _____

B.S. degree from: _____	Major: _____	Date: _____
M.S. degree from: _____	Major: _____	Date: _____
Started Graduate Study @ U.C., Berkeley: _____		
Major: _____	Date: _____	

Advisor's Signature of Approval: _____ Date: _____

Vice Chair's Signature of Approval: _____ Date: _____

PRELIM REQUIREMENT:	
Oral Exam Area:	Semester / Score
	/
Breadth Area:	Course / Grade
1.	/
2.	/
TEACHING REQUIREMENT: enrolled ≥ F'98 = 20 hr.; enrolled ≥ F'02 = ugrad course.	
Course(s):	
Semester(s) / Hrs:	
QUALIFYING EXAMINATION REQUIREMENT:	
Committee:	Department
1. _____ (Chair)	EECS
2. _____	
3. _____	
4. _____	
QUALIFYING EXAM RESULT:	
Date Passed:	
DISSERTATION TALK REQUIREMENT:	
Talk Date:	
TECHNICAL MEMO:	
DEPT. EXIT SURVEY:	

MAJOR:	COURSE TITLE	COURSE NUMBER	SCHOOL IF NOT UCB	SEMESTER COMPLETED	UNITS	GRADE
NAME:						
INSIDE MINOR:						
	NAME:					
OUTSIDE MINOR:						
	NAME:					

<i>For Office Use Only</i>	MAJOR GPA:	In. MINOR GPA:	Out. MINOR GPA:	Overall GPA:
	Units:	Units:	Units:	Total Units: