Deficiency Removal Verification Form for ECE Graduate Degree Programs

Student Name  ____________________________________________________________

Student ID Number  _______________________________________________________

Major  ____________________________________________________________________

Degree Program  ___________________________________________________________

Advisor  ___________________________________________________________________

Area of Specialization (focus area)  ___________________________________________

The student has satisfied the course deficiency in course(s) ______________________ based on the criterion checked below:

☐ The student has provided documentation to ECE graduate student-services coordinator or graduate program coordinator that the material was covered in his or her previous academic course work. (Multiple courses may be covered in one form if this criterion applies to them.) The student-services coordinator or graduate program coordinator should provide any necessary notes and sign and date in the lines below.

_________________________  ________________________________

Signed and dated  _________________________________________________________

☐ The focus-area chair for the student’s area of specialization has requested removal of a deficiency on the basis that the deficient course does not constitute necessary background for the student’s area of specialization. The focus-area chair should provide an explanation, and both the focus-area chair and the graduate-program coordinator should sign and date in the lines below.

_________________________  ________________________________

Signed and dated by focus-area chair  __________________________________________

Signed and dated by graduate-program coordinator  ________________________________

☐ The student has taken a diagnostic exam on the material of the deficiency course. The focus-area chair for the student’s area of specialization has requested removal of the deficiency based on the result of the exam. The focus-area chair should provide an explanation, and both the focus-area chair and the graduate-program coordinator should sign and date in the lines below.

_________________________  ________________________________

Signed and dated by focus-area chair  __________________________________________

Signed and dated by graduate-program coordinator  ________________________________

☐ The focus-area chair for the student’s area of specialization has requested removal of a deficiency on the basis that the student has demonstrated adequate background in the deficient course based on some means other than a diagnostic exam. The focus-area chair should provide an explanation, and both the focus-area chair and the graduate-program coordinator should sign and date in the lines below.

_________________________  ________________________________

Signed and dated by focus-area chair  __________________________________________

Signed and dated by graduate-program coordinator  ________________________________

Document created/revised: August 4, 2009