



Student Name:

Student CUID #:

Email:

Major (select one):

Computer Engineering

Other:

Electrical Engineering

Examination Term:

(ex: Fall 2024)

Title of Dissertation:

Committee Chair:

Room Selection:

Riggs 100A (40
VTC Available)
Riggs 217
(12)
Riggs 303A
(12)

EIB 300
Conf. Room

AMRL

Charleston Campus
Conf. Room

Other

Provide Date of Comp:

Time:

(Example: 1:00pm-2:00pm)

Anything else to note:

**** Students are required to have a Ph.D. GS-2 form approved at the time the Ph.D. Comprehensive Exam is submitted.**

The examination must be completed at least two weeks prior to the last day of classes in the semester in which this exam is attempted.

Return this completed form to Jennifer Gooch: Jdoogh@clmson.edu