

**REQUEST TO SCHEDULE
the
DOCTOR OF ENGINEERING DIAGNOSTIC EXAM**

The Diagnostic Exam should be administered and this form completed *before* the student completes 15 credit hours of course work toward the D.E. degree. For students not taking deficiency courses this form should be completed by the end of the second semester in the program.

DATE SUBMITTED _____
 NAME _____ LUID# _____
 ADDRESS _____ TELEPHONE _____
 DEPARTMENTAL AFFILIATION _____

DIAGNOSTIC EXAM

DATE REQUESTED: _____
 TIME: _____
 LOCATION: BUILDING _____
 ROOM NO. _____
 COMMITTEE CHAIR: _____

TEMPORARY
COMMITTEE

SIGNATURE/DATE APPROVED

COMMITTEE MEMBER	_____
COMMITTEE MEMBER	_____
COMMITTEE MEMBER	_____
COMMITTEE MEMBER	_____

SCHEDULE ACKNOWLEDGED

 DEPARTMENT CHAIR

 DEAN, COLLEGE OF ENGINEERING

 DEAN, COLLEGE OF GRADUATE STUDIES

DATE _____

DATE _____

DATE _____