

DQE NOTIFICATION FORM
Department of Electrical and Computer Engineering
University of Miami

This form must be submitted by the student to the Graduate Program Committee through the ECE office by the end of the preceding semester in which the student intends to take the Doctoral Qualifying Examination (DQE).

1. Student Information

Name: _____

C Number: _____ UM Email: _____

Date of Initial PhD Enrollment (Semester/Year): _____

Expected Semester of DQE (Fall or Spring and Year): _____

2. Advisor Information

Primary Advisor Name: _____ Advisor Email: _____

Co-Advisor Name _____ Co-Advisor Email: _____
(if applicable)

3. Research Cluster

Select the research cluster in which you will take the qualifying examination:

- | | |
|--|---|
| <input type="checkbox"/> AI-Powered Microchips and Systems | <input type="checkbox"/> Robotics and Autonomous Systems |
| <input type="checkbox"/> Quantum and Nano Technologies | <input type="checkbox"/> Cybersecurity and Cyber Physical Systems |

4. Preliminary Dissertation Area

Provide a short description (3–4 sentences) of the research you have been conducting during your first year under your advisor’s supervision. The qualifying examination topic will be based on this ongoing first-year research project.

5. Coursework Preparation

Students must complete at least 6 credits of core courses and 6 credits of electives within their selected research cluster with a minimum GPA of 3.2 before taking the DQE. See Appendix A - ECE Research Clusters and Associated Coursework.

List the courses completed toward the DQE requirements:

Core Courses (list course numbers and titles):

1. _____
2. _____
3. _____

Elective Courses (list course numbers and titles):

1. _____
2. _____
3. _____

Overall graduate GPA in these courses: _____

6. Publication Option (if applicable)

If you intend to use a peer-reviewed publication in place of the written proposal, provide the citation below and attach the publication.

Title of publication: _____

Authors: _____

Venue (conference or journal name): _____

Status (published, accepted, or in press): _____

7. Student Acknowledgment

I confirm that the information provided in this form is accurate and that I plan to take the Doctoral Qualifying Examination in the semester indicated above.

Student Signature: _____ Date: _____

8. Advisor Approval

I confirm that I am advising this student, that the student is adequately prepared to take the DQE, and that the selected research area and cluster are appropriate.

Advisor Signature: _____ Date: _____

Co-Advisor Signature: _____ Date: _____
(if applicable)

For Graduate Program Committee use only

Date received: _____

Reviewed by: _____

Committee notes:

Department Chair Approval

Signature: _____ Date: _____