

Ph.D. Qualifying Examination, Part B
Report of the Examining Committee
Department of Electrical and Computer Engineering
Michigan State University

Date: _____

Student Name: _____ PID #: _____

Title of Assigned Research Topic: _____

Evaluation Measures

Technical Content

Document

Presentation

| | | | | |
|---|------------|--------------|------------|--------------|
| Problem statement; description of topic | Acceptable | Unacceptable | Acceptable | Unacceptable |
| Background study; state of the art | Acceptable | Unacceptable | Acceptable | Unacceptable |
| Analysis and understanding | Acceptable | Unacceptable | Acceptable | Unacceptable |
| Citations and references | Acceptable | Unacceptable | Acceptable | Unacceptable |
| Originality | Acceptable | Unacceptable | Acceptable | Unacceptable |
| Ethics of content | Acceptable | Unacceptable | Acceptable | Unacceptable |

Comments (must be provided if any measure is unacceptable):

Writing Skills

| | | |
|--------------------|------------|--------------|
| Organization | Acceptable | Unacceptable |
| Vocabulary | Acceptable | Unacceptable |
| Grammar and syntax | Acceptable | Unacceptable |

Comments (must be provided if any measure is unacceptable):

Oral Presentation Skills

| | | |
|------------------------------------|------------|--------------|
| Quality of visual aids | Acceptable | Unacceptable |
| Communication of technical content | Acceptable | Unacceptable |
| Speaking ability | Acceptable | Unacceptable |
| Response to questions | Acceptable | Unacceptable |

Comments (must be provided if any measure is unacceptable):

Overall Outcome:

_____ Pass Part B – All three measures acceptable

_____ Marginal pass – This implies that the technical content was deemed acceptable, but parts of the other two measures were found to be unacceptable. These results will be conveyed to the major advisor for remedial action.

_____ No pass – repeat exam

Specific instructions including conditions and time limit for repeat:

_____ Fail Part B – must withdraw from program

Examination Committee:

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Advisor: _____ Signature: _____ Date: _____

Associate Chairperson: _____ Date: _____