

**RESULTS OF 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 COMPLETED: _____

RECOMMENDATION: _____

COMMITTEE CHAIR: _____

RECOMMENDATION
APPROVED

RECOMMENDATION*
NOT APPROVED

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

PLEASE ATTACH A COPY OF THE EXAM RESULTS RECORDED.

DEPARTMENT CHAIR

DATE _____

DEAN, COLLEGE OF ENGINEERING

DATE _____

DEAN, COLLEGE OF GRADUATE STUDIES

DATE _____

*IF NOT APPROVED, ATTACH SEPARATE PAGE WITH REASON FOR
YOUR DISAPPROVAL AND YOUR RECOMMENDATION.