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: ____________________________

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COMMITTEE CHAIR: ____________________________

RECOMMENDATION
APPROVED \ NOT APPROVED

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COMMITTEE MEMBER ____________________________

COMMITTEE MEMBER ____________________________

COMMITTEE MEMBER ____________________________

COMMITTEE MEMBER ____________________________

COMMITTEE MEMBER ____________________________

PLEASE ATTACH A COPY OF THE EXAM RESULTS RECORDED.

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DEPARTMENT CHAIR

DATE ______________

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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.