



**INTELLIGENT SYSTEMS
ENGINEERING**
INDIANA UNIVERSITY
School of Informatics, Computing, and Engineering

Ph.D. in Intelligent Systems Engineering Qualifying Examination Approval Form

Student's Name: _____

Student's Signature: _____

Student's Email: _____ Date: _____

Doctoral Minor Field: _____

Chair of Department Signature: _____ Date: _____

Date of Examination: _____

_____ **Pass (yes or no)**

_____ **Did NOT Pass (yes or no)**

Results/ Recommendations:

Re-examination Date: _____

_____ **Pass (yes or no)**

_____ **Did NOT Pass (yes or no)**

Results/ Recommendations:

Advisory Committee Chair's (Advisor) Name: _____

Advisory Committee Chair's (Advisor) Signature: _____ Date: _____

Advisory Committee:

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Please submit completed form to the ISE Graduate Studies Office.