

NTU Graduate Institute of Communication Engineering Application to Take Doctoral Qualifying Examination

Student ID No.		Name	
Group	<input type="checkbox"/> EM Group <input type="checkbox"/> CSP Group <input type="checkbox"/> DS Group		
Year of Study		Lab	

- Students have to pass the exam in each subject area required within the chosen group. Please follow the instructions to schedule your exam.
- Waiver to the written qualifying examination will be given if the student has passed the required courses.
- I agree to take the exam for the following subjects:

Group	Subjects	Apply
EM Group	① <u>Differential Equations 100%</u> ② <u>Electromagnetics I & II 100%</u> ③ Professional Subject 100% (please choose one subject out of three): <input type="checkbox"/> <u>Theory of Microwave Circuits and Devices</u> <input type="checkbox"/> <u>Antenna</u> <input type="checkbox"/> <u>Electromagnetics Theory</u>	<input type="checkbox"/> Exam <input type="checkbox"/> Exam exemption courses: _____ _____ _____
CSP Group	① Mathematics 100%: <u>Linear Algebra 50%, Probability and Random Process 50%</u> ② Professional Subject 100% (please choose one subject out of three): <input type="checkbox"/> <u>Digital Communications</u> <input type="checkbox"/> <u>Computer Communication Networks</u> <input type="checkbox"/> <u>Digital Signal Processing</u>	<input type="checkbox"/> Exam <input type="checkbox"/> Exam exemption courses: _____ _____ _____
DS Group	① Mathematics 100% (please choose two subjects out of three): <input type="checkbox"/> <u>Linear Algebra 50%</u> <input type="checkbox"/> <u>Probability and Statistics 50%</u> <input type="checkbox"/> <u>Discrete Mathematics 50%</u> ② Information Science 100% (please choose one subject out of three): <input type="checkbox"/> <u>Machine Learning</u> <input type="checkbox"/> <u>Data Science</u> <input type="checkbox"/> <u>Computer Communication Networks</u>	<input type="checkbox"/> Exam <input type="checkbox"/> Exam exemption courses: _____ _____ _____

- Application for the exam(check one): I am applying for the first time.
 I am applying for the second time.

- Other Requirements and notes:
 1. Please submit this form along with your official transcripts obtained to date since college.
 2. Please fill out the form and follow the examination instructions. Be aware that we do not accept any changes or withdrawal after the form is submitted.
 3. Please sign and obtain the signature of your advisor before submitting the form to the GICE Office. Please note that any late or incomplete applications will not be accepted.
 4. Contact No.: _____

Applicant: _____ (Signature)

Advisor: _____ (Signature)

Date: / / (yy/mm/dd)