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## **ECE Request for Approval of Candidacy Examination Committee**

Student Name:	Date:	
OSU ID:	Email:	
	ting approval of the Candidacy Exam arch for the above named student.	nination Committee and
	ECE PhD plan of study and confirmed te the course requirements for the E	
************	Faculty Advisor Signature	
Faculty Examiners	Signature	Research Are
Advisor		
Major Examiner		
Minor Examiner		
4th Examiner		
	ECE Gradua	nte Studies Chair Signature