

Northeastern University
Department of Electrical and Computer Engineering
Ph.D. Dissertation Proposal Review Form

Last Name: _____ First Name: _____ NUID: _____

Husky email: _____ Program: ☐ PhDEE ☐ PhDCE

Ph.D. Dissertation Proposal Title: _____

Ph. D. Dissertation Proposal Review Date: _____

Semeter when qualifying exam passed: _____

List of four classes (16 SH) taken beyond the master's level

<u>Course</u>	<u>Date Taken</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Proposal Approved: ☐ Yes ☐ No (if not approved, please add a page summarizing Committee's recommendations)

Research Advisor : _____ Signature _____

Committee Member : _____ Signature _____

Committee Member : _____ Signature _____

Committee Member : _____ Signature _____

Committee Member : _____ Signature _____