

Graduate Institute of Electro-Optical Engineering
National Taiwan University of Science and Technology
Spring Term, Academic Year of 2023
Application Form for Ph.D. Qualifying Examination

A. Name of Student: _____ Year: _____

B. Student ID Number: _____

C. Examination Area of Application (Choose TWO subjects)

Subject		
<input type="checkbox"/> Operating System	<input type="checkbox"/> Computer Architecture	<input type="checkbox"/> Computer Algorithm
<input type="checkbox"/> Communication System	<input type="checkbox"/> Communication Network	<input type="checkbox"/> Electromagnetic
<input type="checkbox"/> Electronic Circuit	<input type="checkbox"/> Signal Processing	<input type="checkbox"/> Power Electronic
<input type="checkbox"/> Control System	<input type="checkbox"/> Solid State Electronic	<input type="checkbox"/> Semiconductor Device
<input type="checkbox"/> Photonics	<input type="checkbox"/> Optoelectronic Semiconductor	<input type="checkbox"/> Fourier Optics
<input type="checkbox"/> Color Engineering		

D. Examination Record: (Please skip this part if you have never taken the qualifying examination.)

Field of Make-Up Examination	
<input type="checkbox"/> Operating System	<input type="checkbox"/> Computer Architecture
<input type="checkbox"/> Computer Algorithm	<input type="checkbox"/> Communication Network
<input type="checkbox"/> Communication System	<input type="checkbox"/> Electronic Circuit
<input type="checkbox"/> Electromagnetic	<input type="checkbox"/> Power Electronic
<input type="checkbox"/> Signal Processing	<input type="checkbox"/> Semiconductor Device
<input type="checkbox"/> Control System	<input type="checkbox"/> Optoelectronic Semiconductor
<input type="checkbox"/> Solid State Electronic	<input type="checkbox"/> Color Engineering
<input type="checkbox"/> Photonics	<input type="checkbox"/> Fourier Optics
Please offer the accepted SCI journal paper as the substitution of the qualifying examination. (If you fail the examination twice)	Paper Title:
	Publication Date:
	Publication Issue:

Advisor's Signature: _____

Student's Signature: _____

Mobile Phone Number: _____

Date: dd mm yy