**Application to Continue Graduate Study toward Ph.D. Degree**Department of Electrical and Computer Engineering, Iowa State University

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| Last Name Click or tap here to enter text. | | | First Name Click or tap here to enter text. | |
| University ID Click or tap here to enter text. | | | Email Click or tap here to enter text. | |
| Will you complete the master’s degree? No Yes | | | | |
| If yes, indicate when you completed or will complete the master’s degree: | | | | |
| Year Click or tap here to enter text. Fall Spring Summer | | | | |
| Date of your master’s final oral examination: Click or tap here to enter text. | | | | |
| Major professor for your master’s degree: Click or tap here to enter text. | | | | |
| Proposed Major for the Ph.D. degree: Choose an item. | | | Proposed area of specialization Choose an item. | |
| **Attachments:**   * one-page statement of purpose describing your research interests and the objectives of your doctoral study. * the [Graduate College form](https://www.grad-college.iastate.edu/student/forms/), “Pursuit of Master’s and Ph.D. in the Same Department”, completed through section I. | | | | |
| **Signatures:** | | | | |
| Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I agree to act as major professor(s) and will be able to provide financial support from grants or contracts that I have for the period indicated below. The support will be as follows:  Type of Assistantship: Teaching Research Administrative | | | | |
| Hours Per Week: | Term | Monthly Stipend | | Account Name or Number |
| Choose an item. | Choose an item. | Click or tap here to enter text. | | Click or tap here to enter text. |
| Start Date: Click or tap here to enter text. End Date: Click or tap here to enter text. | | | | |
| Major Professor(s) Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  (typed and signed).   * submit completed form to ECpE Student Services, 1212 Coover Hall | | | | |
| DOGE Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Copy: File\_\_\_ Student\_\_\_ Major Professor(s)\_\_\_ form revised 2/2018 | | | | |