v. after 109 academic year (2020 fall)

**Application for the Qualifying Examination**

Application Date: YYYY/MM/DD

CCU Student ID： Student Name：

The Year and Month of Registration：

Research Group：

Academic Professor：

**※Please check the core courses for qualifying examination with a signature by the course instructor.**

**※Both signatures by the adviser and the course instructor are required for the designated course.**

|  |  |  |  |
| --- | --- | --- | --- |
| □Advanced Mechanisms Design | □Optimum design | □Elasticity | □Structural Dynamics |
| □Intermediate Fluid Dynamics | □Intermediate Heat Transfer I | □Linear System | □Digital Control Systems Design |
| □Opto-mechatronics | | □Opto-mechatronic System Design | |
| The academic Professor agrees to the selected course (if not including in the above courses, please fill in the name of the course) |  | Signature of the advisor |  |
| Signature of the Course Instructor |  |  |  |