**Evaluation Form of Ph.D. Qualifying Examination**

Approved by the ME department's 5th meeting of the 2023-2024 academic year

The revised date: January 22, 2024

CCU Student ID： Student Name：

Research Group： Advisor：

|  |  |
| --- | --- |
| Academic Year of Taking Courses | Academic Year: Fall Spring |
| □Robotics | □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(Please fill in the form on the right) |  |  |  |
| Pass | □The student’s score is above 80 or ranked top 50%.**※This space is filled by the course instructor** |
| The Course Instructor |  |  YYYY/MM/DD |

* Signature of the Coordinator of Academic Affairs Committee:

 YYYY/MM/DD

* Signature of the Chair of Graduate Institute of Mechanical Engineering:

 YYYY/MM/DD

Notice:

Please bring the evaluation form and transcript to the instructor of the course to review the performance of your course work.