**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.