

Screening Exam Registration Form

Please fill out and submit this form to the graduate program secretary no later than two weeks prior to the exam.

Department of Industrial Engineering University of Houston	Last name	First Name	M.I.
	Email address		Student ID
Date of entry to the program (month/year)	Name of your academic advisor:		Currently enrolled for <input type="checkbox"/> MS <input type="checkbox"/> Ph.D.
Address:			
Phone number (s):			
<u>Selection of Examination Areas</u>			
General area (check 3 areas of your choice): <input type="checkbox"/> Statistics <input type="checkbox"/> Operations Research <input type="checkbox"/> Manufacturing <input type="checkbox"/> Human Factors	Area of concentration (please consult with your academic advisor):		
	Check the appropriate box below: <input type="checkbox"/> First Test (month/year): <input type="checkbox"/> Second Test (month/year):		
Academic Advisor	Full Name	Signature	Date (month/day/year)
Screening Exam Coordinator	Full Name Dr. Tiravat Assavapokee	Signature	Date (month/day/year)
Graduate Program Director	Full Name Dr. Ali K. Kamrani	Signature	Date (month/day/year)
Department Chair	Full Name Dr. Hamid R. Parsaei	Signature	Date (month/day/year)