

ECE MS Non-Thesis Exam Form

First Name: _____ Last Name: _____

UFID Number: _____ Gatorlink Email Address: _____

Date of Interview: _____

Interviewing Faculty Member Name (Please Print): _____

To be completed by the interviewing faculty member:

The student's appearance and demeanor were professional.

The student had a cover letter and resume that were professional in appearance, were free of grammatical errors, and highlighted their skills.

The student communicates effectively in their area of technical expertise and in a manner that shows proficiency in that area.

The student has well-defined career objectives and has a plan to meet those objectives.

Additional Comments:

Interviewing Faculty Member- Please sign below if the student passed the exam.

Signature

Date

Please return this form to the ECE Student Services Office in 230 Larsen Hall.