Courses from the Exam Area

___1st exam attempt: List the five courses you would like to be tested for the Exam.

___2nd exam attempt: List only the courses you need to re-take for the Exam.

1. Course number and title: ________________________________
   If you have taken this course, fill in the following:
   Quarter: _______ Year: _______

2. Course number and title: ________________________________
   If you have taken this course, fill in the following:
   Quarter: _______ Year: _______

3. Course number and title: ________________________________
   If you have taken this course, fill in the following:
   Quarter: _______ Year: _______

4. Course number and title: ________________________________
   If you have taken this course, fill in the following:
   Quarter: _______ Year: _______

5. Course number and title: ________________________________
   If you have taken this course, fill in the following:
   Quarter: _______ Year: _______

Student Signature: ___________________________ Date: ____________

Submit completed form to the ECE Office in 343 WCH by the deadline of Nov. 8, 2019.