



Department of Electrical and Computer Engineering  
University of Alberta

## ECE Internal Examination

**Student Name:** \_\_\_\_\_

**I.D. #** \_\_\_\_\_

**Specialization:** \_\_\_\_\_

**Date of Exam:** \_\_\_\_\_

**Time of Exam:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Co-Supervisor:** \_\_\_\_\_

**Supervisory Committee Members:**

\_\_\_\_\_  
\_\_\_\_\_

**Please return this completed form to Selina Ertman two weeks prior to the exam date.**