

**Department of Industrial & Systems Engineering**  
**Ph.D. Screening Exam Registration Form**

Please fill out and submit this form to the Program Manager no later than two weeks prior to the exam.

Department of Industrial and Systems 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"/> MSIE <input type="checkbox"/> MIE <input type="checkbox"/> Ph.D.
Address:			
Phone number (s):			
<b><u>Selection of Examination Areas</u></b>			
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 <input type="checkbox"/> Simulation <input type="checkbox"/> Engineering Economics	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)
Director, ISE Graduate Programs	Full Name	Signature	Date (month/day/year)
Department Chair	Full Name	Signature	Date (month/day/year)