CS Qualifying Exam Registration Form

Name: __________________________________
Email: __________________________________

Planned Semester of Exam (circle one): Fall or Spring 20__
Advisor(s): _______________________________

Course Eligibility Information (IP or ≥ B+ required):

<table>
<thead>
<tr>
<th>Course (circle one)</th>
<th>Semester(s) Taken</th>
<th>Grade (or IP for in progress)</th>
<th>Waiver Granted (YES or NO)</th>
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<tbody>
<tr>
<td>CSCE 823 OR CSCE 828</td>
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<tr>
<td>CSCE 830 OR CSCE 851</td>
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<tr>
<td>CSCE 991</td>
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If you took an equivalent course as an undergraduate or graduate student at another institution, please contact the graduate committee chair to discuss obtaining a waiver prior to submission.

Cumulative GPA: ________

Waiver Request (see Quals Process doc for details):
Check option requested and attach supporting documents (e.g., thesis, paper, transcript, etc.).

_____ Option 1 (paper and oral waiver): MS thesis in the CSE department at UNL.
_____ Option 2 (paper waiver): Published paper as primary author and an MS.
_____ Option 3 (paper and oral waiver): Grade of A or better in courses 1 and 2, a cumulative graduate GPA of no less than 3.8, and who has published or has an accepted a paper in a strong venue as the lead contributor.

Can the oral qualifying exam be videotaped (circle one): YES or NO
If yes, this will be kept for at least 60 days pending any appeals. If no, please note that your presentation cannot be reviewed as part of any grading appeal.

Topic of qualifying exam paper: ______________________________________________________

Is the paper based on any prior work (circle one): YES or NO
If yes, attach a description of the prior work (include co-authors, publication venue) and a statement of how or if the proposed paper will differ from your prior work. In addition, include a statement discussing the contributions of each author of the paper. Also attach a copy of this work.

Attach a maximum one page abstract describing your proposed paper.
CE Qualifying Exam Registration Form

Name: __________________________________

Email: __________________________________

Planned Semester of Exam (circle one): Fall or Spring 20__

Advisor(s): _______________________________

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Bioinformatics Qualifying Exam Registration Form

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Email: __________________________________
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Advisor(s): _______________________________

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