

Attachment: Form 5

Record of Early Completion Review
Graduate School of Engineering Doctoral Degree Program

Student planning to complete the program early	Student ID No.	Department	Division	Area of Study and Research	
	Name		Date of Birth	(Month/Day/Year)	
Education	Date (Month/Day/Year)		Graduated from High School		
Work Experience	Date (Month/Day/Year)				
Research Achievements	No. of books authored and translated: No. of academic papers authored: No. of academic presentations delivered: Other noteworthy accomplishments and experience:				
Academic and Social Activities	Date (Month/Day/Year)				
Summary of Review Results *	Review Date	(Month/Day/Year)		Review Results	Pass • Fail
Review Committee members *					

* The space provided on the right should be left blank.