

APPLICATION FOR QUALIFYING EXAMINATION

First Name	Middle Name	Last Name	Student Email Address
Current Mailing Address			Student ID/SSN:
City	State	Zip code	Graduate Program
Major Professor			Examination Date

The subjects on which the applicant will be examined are:

*Suggestions for committee to conduct the qualifying examinations are (please type or print):

Title (Professor, Assoc., Asst.)	Name (First, Middle Initial, Last)	Departmental/Campus Address
		_____, Chair

* All Committee members listed, once approved by the Dean of Graduate Studies, must be present during the examination. A change to committee membership requires submission and approval of a Petition for Reconstitution of Committee Membership prior to the examination taking place.

FOR STUDENTS ADMITTED TO A DESIGNATED EMPHASIS ONLY

Designated Emphasis In: _____

Committee Member (above) who will examine for the Designated Emphasis: _____

Director of Designated Emphasis: _____

Signature Date

FOR ALL STUDENTS

I certify that the above student has completed all required course work and is prepared to take the Qualifying Examination for the degree Doctor of Philosophy.

Graduate Program Adviser (Please sign & print name) _____ Date _____

FOR OFFICE OF GRADUATE STUDIES USE ONLY

Qtrs in Residence: _____ Qtr Last Registered: _____ Matriculation Date: _____ GPA: _____

Deficiencies: _____

Associate Dean of Graduate Studies: _____ Date: _____