



APPLICATION FOR QUALIFYING EXAMINATION

It is the student's responsibility to complete this form and submit it to Graduate Services (gradservices@ucmerced.edu or in-person at SSB 230) **one month prior** to the proposed examination date. Students must be in good academic standing and registered for the semester in which the examination is held.

Student Name: _____ Student ID: _____
Last First Middle

Major: _____ Exam Date: _____ Email: _____

Student Signature: _____ Date: _____

Applicant will be examined on the following subject (required): _____

Proposed Committee:

Name (Print)	Signature	Title (Prof., Assoc Prof., etc)	Academic Unit
Chair	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Please attach CV if committee member is faculty at another university or a non-faculty member; Qualifying examination committee **MUST** be approved before conducting the exam. Once approved by the Graduate Dean, all committee members listed **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 date.

Graduate Advisor: by signing you certify the above student has completed all required course work and is prepared to take the Qualifying Examination for the degree of Doctor of Philosophy.

Graduate Advisor Signature: _____ Date: _____

Graduate Group Chair Signature: _____ Date: _____

Graduate Division Use Only:

Matriculation: _____ Semesters in Residence: _____ Last Semester Completed: _____

Cum GPA: _____ Deficiencies or Notes: _____

Approve Denied

Signature: _____ Date: _____
Graduate Division Dean