



APPLICATION FOR QUALIFYING EXAMINATION

STUDENT	Complete and submit this form to the Graduate Division <i>one month</i> prior to the proposed examination date. Students must be in good academic standing and registered for the semester in which the examination is held. Qualifying examination committee MUST be approved before conducting the exam. Approved form will be returned to your Graduate Group Coordinator. Incomplete forms will not be processed.
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Student Name:	_____	_____	_____	_____	
	Last	First	Middle	Student ID Number	
Phone Number:	_____	Email Address:	_____		
Current Mailing Address:	_____				
	City	State	Zip		
Program:	_____	Examination Date:	_____		
Student Signature:	_____				

Applicant will be examined on the following subjects: _____

***Proposed committee to conduct the qualifying examination:**

Print Name <small>(First and last name)</small>	Signature	Title <small>(Professor, Associate Prof., etc.)</small>	School
(CHAIR)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Please attach vitae if committee member is faculty at another university or a non-faculty member; Committee is subject to Graduate Dean approval. 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: I 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	Date
_____	_____
Graduate Group Chair	Date

Graduate Division Only:		
Matriculation: _____	Semesters in Residence: _____	Last Semester Completed: _____
Overall GPA: _____	Deficiencies: _____	
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	
Dean of Graduate Division: _____	Date: _____	