



## APPLICATION FOR QUALIFYING EXAMINATION

<b>STUDENT</b>	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 <b>MUST</b> 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.**

<b>Graduate Advisor:</b> 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

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