



APPLICATION FOR QUALIFYING EXAMINATION

STUDENT

It is the student's responsibility to complete this form and submit it to Graduate Services (gradservices@ucmerced.edu) **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. Please note: Revisions to the 22-23 handbook make it default to have qualifying examinations and dissertation defenses in-person.

Student Name: _____
Last First Student ID Number

Phone Number: _____ Email Address: _____

Current Mailing Address: _____
City State Zip

Program: _____ Examination Date (required): _____

Student Signature: _____

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

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

NAME (First and last name)	SIGNATURE	TITLE (Professor, Associate Prof., etc.)	SCHOOL
(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: 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: _____

Approve Deny

Dean of Graduate Division: _____ Date: _____