REQUEST FOR PhD QUALIFYING EXAMINATION

Department of Computer Science

Name: _____ ID Number: _____

Advisor: _____

Research Area: _____

PhD Matriculation Date: ☐ Fall ☐ Spring ☐ Summer 20___

PhD Expected Completion Date: ☐ Fall ☐ Spring ☐ Summer 20___

Requested Qualifying Exam Date: ☐ Fall ☐ Spring   20___

_____   _____

Signature of Candidate   Date

_____   _____

Signature of Advisor   Date

Please attach qualifying exam material for distribution to examination panel.

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ **Do not write below this line** ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

Exam Date: _____   Result: ☐ Satisfactory ☐ Unsatisfactory

Examination Panel:

	Name	Rank	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
Advisor	_____	_____	_____

Recommendations: