

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: