

APPLICATION FOR QUALIFYING EXAMINATION

Efrem Bruno	Rensi	ebrensi@ucdavis.edu
First Name Middle Name	Last Name	Student Email Address
1308 Alice Street		993214916 - -
Current Mailing Address		Student ID/SSN:
Davis	CA	Applied Math (GGAM)
City	State	Graduate Program
Roland W. Freund	95616	
Major Professor	Zip code	Examination Date

The subjects on which the applicant will be examined are:

*Suggestions for committee to conduct the qualifying examinations are (please type or print):

Title (Professor, Assoc., Asst.)	Name (First, Middle Initial, Last)	Departmental/Campus Address
Prof.	Monica Vazirani	3224 MSB, Chair
Prof.	Roland Freund	2140 MSB
Prof.	Angela Cheer	2138 MSB
Prof.	Zhaojun Bai	3005 Kemper
Prof.	Robert Guy	2136 MSB

* All Committee members listed, once approved by the Dean of Graduate Studies, 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 taking place.

FOR STUDENTS ADMITTED TO A DESIGNATED EMPHASIS ONLY

Designated Emphasis In: _____

Committee Member (above) who will examine for the Designated Emphasis: _____

Director of Designated Emphasis: _____

Signature Date

FOR ALL STUDENTS

I certify that the above student has completed all required course work and is prepared to take the Qualifying Examination for the degree Doctor of Philosophy.

Graduate Program Adviser (Please sign & print name) _____ Date _____

FOR OFFICE OF GRADUATE STUDIES USE ONLY

Qtrs in Residence: _____ Qtr Last Registered: _____ Matriculation Date: _____ GPA: _____

Deficiencies: _____

Associate Dean of Graduate Studies: _____ Date: _____