



APPLICATION FOR QUALIFYING EXAMINATION

STUDENT

Complete and submit this form to the Graduate Division **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. Qualifying examination committee **MUST** be approved before conducting the exam. Approved form will be returned to your Graduate Group Coordinator. Incomplete forms will not be processed.

Student Name: _____
Last First Middle Student ID Number

Phone Number: _____ Email Address: _____

Current Mailing Address: _____
City State Zip

Program: _____ Examination Date: _____

Student Signature: Couj

Applicant will be examined on the following subjects: _____

*Proposed committee to conduct the qualifying examination:

Print Name (First and last name)	Signature	Title (Professor, Associate Prof., etc.)	School
Co (CHAIR)	<u>[Signature]</u>		
	<u>Shepa Khatri</u>		

*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.

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: _____