

UC DAVIS

GRADUATE STUDIES

Qualifying Examination Application for the Degree of Doctor of ☐ Philosophy (Ph.D.) | ☐ Education (Ed.D.) | ☐ Nursing Practice (DNP)

The Qualifying Examination Application should be submitted to Graduate Studies, by the Graduate Program Coordinator, at least 30 days prior to the examination date.

Last Name	First Name	Middle Name	Student ID Number
Email	Graduate Program	Major Professor	
Proposed QE Date	Subjects to be included in the examination:		

Recommended Qualifying Examination Committee

Once approved by the Associate Dean of Graduate Studies, all committee members listed must participate in the examination. A [Reconstitution of Committee Request](#) must be submitted to change the committee membership after approval.

Title (Prof., Assoc., etc.)	Full Name	Home Department	E-mail Address
Chair,			
Optional 6 th member			

Optional External Member

Does the committee include an external member (individual employed outside the UC system)? ☐ Yes ☐ No

- If yes, an [External Committee Membership Application](#) and the external member's CV must be submitted with the QE Application.

Name of External Member: _____

QE Format – In-person & Remote Participation

Information on timeline & process for QE format adjustments are available on the [Return to In-Person Qualifying Examinations](#) website.

Graduate Program Section

Graduate Advisor & Coordinator, please confirm you have done the following to ensure the student is eligible for the Qualifying Exam:

- ☐ Checked the student's transcript to verify completion of required coursework & other degree requirements (per the [QE policy](#), 1-2 courses may be in progress during the quarter of the QE, and foreign language requirements may be pending until candidacy – at the program's discretion)
- ☐ Reviewed the QE committee for eligibility, in accordance with the [Service on Advanced Degree Committee](#) & [Doctoral QE](#) policies, and your [program degree requirements](#).

Graduate Program Advisor Signature: _____ Date: _____
(Advisor with signing authority)

Print Graduate Program Advisor's Name: _____

Graduate Program Coordinator Signature: _____ Date: _____

Print Graduate Program Coordinator's Name: _____

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Designated Emphasis (DE) Approval – for students admitted to a DE only

Designated Emphasis in: _____

QE Committee Member affiliated with and who will examine for the DE:

Director of Designated Emphasis Signature: _____ Date: _____

Print Director of Designated Emphasis Name: _____

Second (if applicable) Designated Emphasis in: _____

QE Committee Member affiliated with and who will examine for the DE:

Director of Designated Emphasis Signature: _____ Date: _____

Print Director of Designated Emphasis Name: _____

SDSU Ecology Certification – for JDPE students only

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.

SDSU Dean Signature: _____ Date: _____

JDPE Program Chair Signature: _____ Date: _____

JDPE Program Coordinator Signature: _____ Date: _____

Graduate Studies Section

Quarters in Residence: _____ Quarter Last Registered: _____ Matriculation Date: _____ G.P.A.: _____

Deficiencies: _____

APPROVED

Associate Dean of Graduate Studies Signature: _____ Date: _____

Staff Initials: _____