



REQUEST TO SCHEDULE QUALIFYING EXAMINATION

IMPORTANT: Prior to examination, this form should be delivered to the department or program office. The form is to be signed by the Director of Graduate Studies, copied for the department or program file, and submitted electronically to the Graduate School HERE no later than 2 weeks prior to the exam.

TO: Associate Dean of the Graduate School

This is to inform you that

(Student's Name)

(Student's I.D. Number)

in (Department/Program)

with (Adviser)

is scheduled to take their qualifying examination on:

(Date - month, day and year)

at (Time)

in/at (Location)

Please use the information on this form to simultaneously appoint the PhD committee for this student. Any necessary documentation is attached. Yes []

Members of the Committee

Please Type Name:

Department:

Form with two columns for committee members, including a 'Chair' label and multiple lines for names and departments.

Director of Graduate Studies: Signature Date

Printed Name