



Application for Ph.D. Qualifying Examination(s)

Date: _____

Last Name: _____ First Name: _____

Department: _____ Advisor: _____

Date of Admission: _____

Examination Date(s): _____

Examinations to be taken (check 1 or more):

1. ☐ Mathematics Written Examination

☐ Yes, Department Mathematics Requirement was fulfilled:

Course _____ Grade _____

Course _____ Grade _____

☐ No, I have not fulfilled the Department Mathematics requirement. (Please explain.)

2. ☐ Discipline Specific Written Examination: _____
Disciplinary Examination Subject Area

Failure to comply with Qualifying Examination requirements without formal permission in writing from the PhD Committee will result in automatic suspension from the Ph.D. program.

Student Signature

Date

Advisor Approval

Date