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# REQUEST TO SCHEDULE QUALIFYING EXAMINATION

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**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 forwarded to the Graduate School, 411 Kirkland Hall.

**TO:** Associate Dean of the Graduate School

This is to inform you that

\_\_\_\_\_ (Student's Name)

\_\_\_\_\_ (Student's Social Security/I.D. Number)

in \_\_\_\_\_ (Department/Program)

with \_\_\_\_\_ (Dissertation Advisor)

is scheduled to take his/her qualifying examination

on \_\_\_\_\_ (Date)

at \_\_\_\_\_ (Time)

in/at \_\_\_\_\_ (Location)

## Members of the Committee

**Please Type Name:**

**Department:**

_____	,Chair	_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

**Director of Graduate Studies:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_