

APPLICATION FOR QUALIFYING EXAMINATION

Faculty in the Area of _____ have reviewed the record of

_____ (student's name) _____ (address and zip code)

_____ (email address) _____ (phone)

and recommend that he or she proceed to the Qualifying Exam for the degree of Ed.D Ph.D

The faculty certify that the applicant is competent in the areas of specialization appropriate to the intended degree. They further certify that the applicant has met the requirements in (1) School of Education Core Courses; (2) research methods; (3) data analysis; (4) program core courses; and (5) field work experience (when required).

Proposed Date of Examination* _____

The subjects upon which the applicant should be held for examination are:

The above subjects must correspond to the topics listed on the student's Outline of Program.

The following faculty members are proposed to conduct the Qualifying Examination:

Name _____ Title and Department _____
(Chairperson) **

Name _____ Title and Department _____

Name _____ Title and Department _____

Name _____ Title and Department _____

** The professor in charge of research may not serve as chairperson

APPROVAL SIGNATURE:

(Professor in charge of research)

Filed in Student Academic Services Office _____
Date

*Student must be registered at the time of examination.

THIS FORM MUST BE SUBMITTED TO STUDENT ACADEMIC SERVICES FOUR WEEKS PRIOR TO THE EXAMINATION DATE.
PLEASE NOTE THAT ALL REQUIREMENTS (I.E. PREQUALIFYING REVIEW AND ALL REQUIRED COURSE WORK*) MUST BE COMPLETED PRIOR TO SUBMITTING THIS FORM.

* You must either have completed all required course work or be enrolled in the last of the required course work.