



**APPLICATION FOR QUALIFYING EXAMINATION**

Name: \_\_\_\_\_ Major Field: \_\_\_\_\_  
Degree Sought: \_\_\_\_\_ Minor/Cognate: \_\_\_\_\_  
Foreign Language Required: \_\_\_\_\_

Indicate whether [  ] First [  ] Second Examination.  
Date of Examination: \_\_\_\_\_ Time: \_\_\_\_\_  
Place of Examination: \_\_\_\_\_

Recommending Approval:

**Members of the Graduate Advisory Committee (GAC)**

_____	_____	_____
<i>Member</i>	<i>Member</i>	<i>Member</i>
Date: _____	Date: _____	Date: _____
_____		
<i>Chairman, GAC</i>		
Date: _____		

Verified:

Approved:

**FE M. GABUNADA**  
*Secretary, Graduate School*

**ANABELLA B. TULIN**  
*Dean, Graduate School*

\* This application should be filed at OGS at least two (2) weeks before date of examination.

\* Attachments to this application form:

- Qualifying Examination
- Comprehensive Examination
- Certification of Grades From the University Registrar
- Plan of Course Work with Grades certified by the Univ. Registrar

**Distribution of copies:** *Committee members, Graduate School, Registrar, Major Department, Graduate Student*

