**APPLICATION FOR QUALIFYING EXAMINATION**

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Degree Sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor/Cognate:

Foreign Language Required:

Indicate whether [ ] First [ ] Second Examination.

Date of Examination: Time:

Place of Examination:

Recommending Approval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Head, Major Department*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved:

ANABELLA B.TULIN

*Dean, Graduate School*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\* This application should be filed at OGS at least one (1) week before date of examination.

\* Attachments to this application form:

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

Registrar

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

**\* Indicate N/A or NONE for fields not applicable**