



REQUEST TO SCHEDULE QUALIFYING EXAMINATION

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, 117 Alumni Hall, no later than 2 weeks prior to exam.

TO: Associate Dean of the Graduate School

This is to inform you that

(Student's Name)

(Student's I.D. Number)

in (Department/Program)

with (Dissertation Adviser)

is scheduled to take his/her qualifying examination

on (Date)

at (Time)

in/at (Location)

Members of the Committee

Please Type Name:

Department:

Form with two columns for committee members, including a 'Chair' label and multiple horizontal lines for text entry.

Director of Graduate Studies: Signature Date

Printed Name