REQUEST TO TAKE

DOCTORAL WRITTEN QUALIFYING EXAMINATIONS

Name: _____ ID#: _____

Address: _____

Approximate date of first desired exam: _____

Degree: _____ Phone #: _____

E-mail: _____

Exam areas:

Major Field: _____ _____
Area Chairperson

Minor I: _____ _____
Area Representative

Minor II: _____ _____
Area Representative

Prefer writing exam:

Computer-MAC OR Computer-IBM OR By hand

_____ _____

Student's Signature Date