QUALIFYING EXAMINATION INFORMATION FORM

Student Name:		Degree Sought:		Date:	
Student Address:			·	Phone:	
Adviser Name:		Phone:			
1. Has the PhD student completed a	and passed the Earl	y Research requiren	nent?	Yes No	
2. Is the student allowed reference r	naterials during th	e examination?		Yes No	
3. If yes, what materials are allowed	1?				
Please note that the qualifying exc delivers this form and the					
	PhD/EdD E	xaminations			
	Pick-Up Date	Return Date	<u>Type</u>	Place*	
General Field					
Special Field					
Research Methodology (EdD only)					
*Adviser is responsible for locating	a room for the exa	mination.			
With a signature, the Reader agre within <u>two</u> weeks of receip have been	ot of the completed	•	ess s <mark>pecial arr</mark>		
Readers	Readers' Depart	ment/Address	Readers' S	ignature**	
General Field					
Consid Field					
Special Field					
Research Methodology (EdD only)					

^{**}Student is responsible for obtaining Readers' signatures.