



Doctoral Program Qualifying Exam Request Form

Students should complete the top portion of this form and returned it to the Program Director. You are eligible to take the Qualifying Exam upon successfully meeting the program requirements for the exam. Timeline requirements vary across programs for completing the Qualifying exam. Please verify eligibility with your Faculty Advisor or Program Director.

Student Last Name	Student First Name	UMID
Department /Program Name	Faculty Advisor	First Enrollment Date

Table 1. Curriculum Examination - Using department and program guidelines, please identify the areas/courses of examination.
Select one: First Attempt ____ Retake ____

Courses or Areas for Exam		Exam or Completion Date
Course/ Area 1		
Course/ Area 2		
Course/ Area 3		

Table 2. Research Examination (*not applicable to ISE or DEng students*). Administered by the faculty members selected by the appropriate Doctoral Program Committee and cannot include the student’s research advisor.

Select one: First Attempt ____ Retake ____

Research or Course Area for Exam	Exam Date

Names of Faculty Examiners	Overall Rubric Assessment
1.	
2.	
3.	

I reviewed the eligibility requirements with my Advisor, and I am eligible to take the Qualifying Exam.

Student (signature)	Date	Advisor (signature)	Date
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Program Director, please submit to the Associate Dean with a copy of each committee member’s Rubric, a copy of the exam, and the Exam Notification Form (if the student was successful).

Overall Assessment Results: PASS FAIL (retake allowed) FAIL (retake not allowed)

Program Director (signature)	Date
Associate Dean for Graduate Education and Research (signature)	Date