



### Request for Approval Ph.D. Qualifying Examination Committee

- Please submit this form, a copy of your approved [PhD Plan of study](#) and your student advising report to the graduate program coordinator at least one month prior to the QE exam date.
- The QE is scheduled annually in October and March.

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

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Student email: \_\_\_\_\_

Semester of request: \_\_\_\_\_

Primary research area courses completed:

1. \_\_\_\_\_
2. \_\_\_\_\_

Secondary research area courses completed:

1. \_\_\_\_\_
2. \_\_\_\_\_

**Committee Member**

**Research Area**

**Signature**

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
2nd Examiner

\_\_\_\_\_  
Advisor signature approving 2<sup>nd</sup> committee member

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3<sup>rd</sup> Committee Member

Research Area

\_\_\_\_\_  
Appointed by Graduate Studies committee

\_\_\_\_\_  
Graduate Studies Chair