



**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 or pending:

1. _____
2. _____
3. _____
4. _____

Committee Member

Research Area

Signature

Committee Chair

2nd Examiner

3rd Committee Member

Research Area

Appointed by Graduate Studies Committee

Graduate Studies Chair