



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 2nd committee member

3rd Committee Member

Research Area

Appointed by Graduate Studies committee

Graduate Studies Chair