

Qualifying Examination Application for the Degree of Doctor of
☐ **Philosophy (Ph.D.)** | ☐ **Education (Ed.D.)** | ☐ **Engineering (D.Engr.)**

Last Name	First Name	Middle Name	Student ID Number
Current Address	City	State/Zip Code	E-mail
Major Professor	Graduate Program	Proposed Examination Date	

The applicant will be examined on these subjects:

Recommended for committee to conduct the qualifying examinations are (one external member is required):			
Title (Prof., Assoc., Asst.)	Name (first, middle initial, last)	Department/Campus Address	E-mail Address
Chair,			
(Designated Emphasis or optional sixth member)			

All committee members listed, once approved by the Dean of Graduate Studies, must be present during the examination. Please indicate below if one of the above committee members (not the Chair) will be participating remotely. Please attach the *Committee Member Remote Participation Request* to this form when submitting to Graduate Studies.

Name of Remote Participant : _____

Remote participation requires approval of the Associate Dean for Graduate Students.

Changes to committee membership require submission and approval of a Petition for Reconstitution of Committee Membership prior to the examination taking place.



OFFICE of GRADUATE STUDIES

250 Mraz Hall • One Shields Ave.
Davis, CA 95616
(530) 752-0650
ucdavisgradstudies.edu

DEPARTMENT CERTIFICATION (for all students)

I certify that the above student has completed all required course work and is prepared to take the Qualifying Examination for the degree Doctor of Philosophy.

Graduate Program Adviser Signature: _____ Date: _____

Print Graduate Program Adviser's Name: _____

FOR STUDENTS ADMITTED TO A DESIGNATED EMPHASIS (DE) ONLY

Designated Emphasis in: _____

Committee Member (above) who will exam for the Designated Emphasis:

Director of Designated Emphasis Signature: _____ Date: _____

Print Director of Designated Emphasis Name: _____

GRADUATE STUDIES SECTION

Quarters in Residence: _____ Quarter Last Registered: _____ Matriculation Date: _____ G.P.A.: _____

Deficiencies: _____

APPROVED

Associate Dean of Graduate Studies Signature: _____ Date: _____

Staff Initials: _____