INTENT TO QUALIFY FOR CANDIDACY

Doctoral students who are preparing for the Qualifying Examination must submit this completed document to the Office of Academic Affairs and Student Services at least three weeks before the proposed date of the examination. Students and advisors will receive written notification of approval to proceed. **STUDENTS MUST BE REGISTERED DURING THE SEMESTER IN WHICH THE EXAMINATION IS HELD.**

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**Student I.D.**  
**Student Name (As it appears in Student records.) (Last, first, middle)**  
**Date**

**Degree Program**  
**Academic Advisor’s Name (PRINT)**  
**Division**

<table>
<thead>
<tr>
<th>In Class Exam</th>
<th>Take Home Exam</th>
<th>Oral Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Pick-Up Date for Exam</td>
<td>Return Date for Exam</td>
</tr>
</tbody>
</table>

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**Examination**

**Subject areas.** Indicate all major and minor subject areas upon which the candidate will be examined.

**Major Area:**

**Minor Areas:**

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**Committee members** conducting the qualifying examination are:

- **Academic Advisor (SIGNATURE)**
  - Print Name

- **Committee Member (SIGNATURE)**
  - Print Name

- **Committee Member (SIGNATURE)**
  - Print Name

- **Committee Member (SIGNATURE)**
  - Print Name

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**Division Director (SIGNATURE)**

**Doctoral Student (SIGNATURE)**

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**This section for Office of Academic Affairs and Student Services use only**

**Registration Status:**  
**Currently Enrolled:** ☐ Yes  ☐ No  
**# of Courses Taken:** ______  
**Cr Hrs Earned:** ______

**Practicum Waived:**  
☐ Practicum Taken  ☐ Not Applicable  
☐

**Approved by:**  
**Approval Date:**

**Not approved:**  
☐ Conditional approval  ☐ :

**Reason(s):**

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4/2008