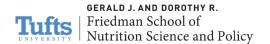
Academic Advisor (print name and sign above)



Step 3 of 10

Request for Doctoral Qualifying Examination

Complete this form and obtain the signature approvals of your PhD Academic Advisor and your Proposed Thesis Chair.

Once completed, email form to PhDforms@tufts.edu

Name:	Student ID #
Academic Program:	
I hereby request that an Exam Committee b	e appointed and a date set for my Doctoral Qualifying Examination.
Procedures Handbook.) You MUST attach	cs: (See topic requirements as listed for each program in the Policies and your completed Approved Specialization Request form (https://ocuments-forms/SpecializationApproval_0.pdf) with this form.
Topic area 2:	Program Area (defined in Policies and Procedures)
Topic area 3:	Specialization Area (defined in Policies and Procedures)
which the written exam question will be	e is named, the Committee and the student must agree on a time at given to the student, and on a time (a minimum of three weeks later) qualifying exam. IMPORTANT: A student may indicate that a specific
faculty member not be appointed to the	eir examining committee . Only one such request may be made. If you te it directly to the Academic Dean by contacting
Please identify your proposed Thesis Chat capacity (print name):	hair. The person listed should be aware of, and agree to, being listed in
	Date
Proposed Thesis Chair (print name and sign	n above) Date

Exam Committee Named by Dean for Academic Affairs:	
TOPIC AREA 1: General Nutrition	
Examiner (PRINT Name):	
TOPIC AREA 2:	
Examiner (PRINT Name):	
• TOPIC AREA 3:	
Examiner (PRINT Name):	

^{*}Academic Dean, Dr. Ed Saltzman will review and e-mail student with assigned committee, and further instructions regarding exam scheduling