

Request for Doctoral Qualifying Examination

Complete this form and obtain the signature approvals of your PhD Academic Advisor and your Proposed Thesis Advisor. Return the completed form to Friedman's Office of Student Affairs (Jaharis, 129). The Office of Student Affairs will submit the completed form to the Academic Dean for Education for final approval.

Name: _____ Student ID # _____

Academic Program: _____

I hereby request that an Exam Committee be appointed and a date set for my Doctoral Qualifying Examination.

Please state your Qualifying Exam topics. (See topic requirements as listed for each program in the Policies and Procedures Handbook.)

Topic area 1: General Nutrition

Topic area 2: _____ Program Area (defined in Policies and Procedures)

Topic area 3: _____ Specialization Area (defined in Policies and Procedures)

On the line below please type/write your preferred approximate dates for taking the oral exam:

NOTE: Once the Examination Committee is named, the Committee and the student must agree on a time at which the written exam question will be given to the student, and on a time (a minimum of three weeks later) at which the student will take the oral qualifying exam. Please Note: A student may make one request that a faculty member not be included on the Examining Committee. If you have such a request, please communicate it directly to the Academic Dean for Education by phone or in-person.

Please identify your proposed Thesis Advisor. The person listed should be aware of, and agree to, being listed in that capacity (print name): _____

Signature of Proposed Thesis Advisor (above) _____ Date _____

Academic Advisor (Print Name and Sign above) _____ Date _____

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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): _____

Dean for Academic Affairs Signature Date _____