

If you are a MAC user, you cannot fill the form out electronically; please print out a hard copy to fill out and submit.



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 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.) **You MUST attach your completed Approved Specialization Request form** (https://nutrition.tufts.edu/sites/default/files/documents-forms/SpecializationApproval_0.pdf) **with this form.**

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)

Please list below 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. **IMPORTANT:** A student may indicate that a specific faculty member not be appointed to their examining committee. Only one such request may be made. If you have such a request, please communicate it directly to the Academic Dean by contacting Emma.Groves_Baldacci@tufts.edu to arrange a meeting.

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

Proposed Thesis Chair (print name and sign above) Date _____

Academic Advisor (print name and sign 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**