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:

__________________________________________________________________________

NOT: 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): __________________________________________________________

__________________________________________________________________________  Date___________

Proposed Thesis Chair (print name and sign above)  Academic Advisor (print name and sign above)
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.