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.)

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*