

**Qualifying Examination Application
Ph.D.**

Last Name	First Name	Middle Name	Student ID Number
Current Address	City	State/Zip Code	E-mail
Major Professor	Graduate Program	Proposed Examination Date	

The applicant will be examined on these subjects:

Recommended for committee to conduct the qualifying examinations are (one external member is required).

Title (Prof., Assoc., Asst.)	Name (first, middle initial, last)	Department/Campus Address	E-mail Address
Chair,			
(Designated Emphasis or optional sixth member)			

All committee members listed, once approved by the Dean of Graduate Studies, must be present during the examination. Changes to committee membership require submission and approval of a Petition for Reconstitution of Committee Membership prior to the examination taking place.

UC DAVIS

OFFICE OF GRADUATE STUDIES

One Shields Avenue, Davis, CA 95616, U.S.A.
(530) 752-0650
www.gradstudies.ucdavis.edu

DEPARTMENT CERTIFICATION (for all students)

I certify that the above student has completed all required course work and is prepared to take the Qualifying Examination for the degree Doctor of Philosophy.

Graduate Program Adviser Signature: _____ Date: _____

Print Graduate Program Adviser's Name: _____

FOR STUDENTS ADMITTED TO A DESIGNATED EMPHASIS (DE) ONLY

Designated Emphasis in: _____

Committee Member (above) who will exam for the Designated Emphasis:

Director of Designated Emphasis Signature: _____ Date: _____

Print Director of Designated Emphasis Name: _____

GRADUATE STUDIES SECTION

Quarters in Residence: _____ Quarter Last Registered: _____ Matriculation Date: _____ G.P.A.: _____

Deficiencies: _____

APPROVED

Associate Dean of Graduate Studies Signature: _____ Date: _____

Staff Initials: _____