

**University of South Florida
College of Education
Application for Doctoral Qualifying Examination**

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Application for Doctoral Qualifying Examination

Date:	Name:	U#:
Phone Number:		Email:
Term:	Year:	
Specialization:		Degree:

Qualifying Exam Options by Specialization:

Major Professor(s): Please indicate the exam option that the student will complete from the approved option list above and initial your approval.

Exam Option:	Major Professor	Co-Major Professor
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1. Will this examination be administered over more than one semester? Yes No
 a. Proposed dates of the student's examination:

2. Examination results will be submitted for the student during the following semester and year:

To ensure timely admission to candidacy please be ~~before~~ of the COEDU deadline for qualifying exam results and candidacy application for the semester in question.

Student: By initialing each of the following you agree that:

	I currently have no more than nine (9) credit hours of coursework (besides dissertation credits) remaining to complete my course requirements or have completed all course work requirements.
	I am registered for a minimum of two (2) graduate level credit hours for the semester in which I am taking the Qualifying Examination.
	I have an approved Planned Program of Study on file in my department and with the College of Education's Graduate Support Office OR a Planned Program of Study with the signatures of the student, Major Professor(s), and Department Chair is attached to this application.
	I have a completed Doctoral Committee Form in my department and with the College of Education's Graduate Support Office OR a Doctoral Committee form with the signatures of members and the Department Chair is attached to this Application.
	All incomplete ("I") grades and missing ("M") grades for courses on my program of study have been removed from my record.
	I have consulted with my Major Professor regarding my options for the Doctoral Qualifying Examination and have selected an approved and appropriate format.
	It is understood that if this application is not submitted by the application deadline for this semester with all conditions met, I will need to defer to a future semester.

Signatures:

	Print Name	Signature	Date
Student			
Major Professor			
Co-Major Professor			

COEDU Graduate Support Office Use Only

Application Approved:	Date Application Approved:
Dates of Examination:	
Application Withdrawn:	
Application Denied:	
Reason:	

	Print Name	Signature	
COEDU Graduate Support Office Approval			