



▶ **DEPARTMENT/GROUP/SCHOOL** (Print student's full legal name as it appears on transcript.)

PLEASE TYPE FORM

Name: _____
(Last) (First) (Middle) PID#: _____

Campus Address: _____
(Department, Mail Code) Department/
Group/School: _____

TO THE DEAN OF GRADUATE STUDIES AND RESEARCH:

The student named intends to proceed to the qualifying examination for the Doctor of Philosophy in:

Name and Academic Title

(Official Name)

Department Affiliation

_____, Chair

_____, Co-Chair
(If applicable)

Approved: _____ / /
Chair of Department/Group/School Date

▶ **OGSR**

Approved: _____ / /
Dean of Graduate Studies Date