Ph.D. Qualifying Exam Request Form



| Name: | UIN: |
|---|--|
| E-mail address: | Phone Number: |
| Chair (Faculty Advisor): | Chair's Home Department: |
| Dissertation topic: | |
| Abstract of Research: | |
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| MS thesis abstract, if applicable: | |
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| Below, list the professors on your advisory (dissertation) committee. If y think you might want to put on your committee. A doctoral committee i. must be MSEN faculty. One of the faculty must be outside your home de | s composed of four or more faculty. Three of the members |
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Prior Degrees

| Major | University |
|----------------------|------------|
| B.S. | |
| M.S. (if applicable) | |