



REQUEST FOR QUALIFYING EXAMINATIONS

DATE : \_\_\_\_\_  
NAME : \_\_\_\_\_  
DEGREE : \_\_\_\_\_  
STUDENT NO: \_\_\_\_\_

I would like to request that qualifying examinations in the following areas be administered to me:

<u>Subject Areas</u>	<u>Examiners</u> (to be filled out by the curricular head)
1. _____	_____
2. _____	_____
3. _____	_____

I have completed the total number of units/core courses required in preparation for the examinations as follows:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Thank you.

\_\_\_\_\_  
Student's Signature

Endorsed by:

\_\_\_\_\_  
Department Curricular Head

\_\_\_\_\_  
Department Graduate Committee Head/  
Committee Members

\_\_\_\_\_  
Department Chair

To be completed by the GSO Staff:

Student Record  Student should have taken requisite core courses