

The Media School

PhD Qualifying Examination Application

Please submit to the Graduate Studies Administrative Associates at least **30 days** before the first date.

Student: _____ UID: _____

Exam Format _____

For *in camera* exams, please list six dates and times for your four exam questions. We will try to accommodate your first four choices, but please note that we may be unable to schedule space/computers.

	Date	Time
1		
2		
3		

	Date	Time
4		
5		
6		

For take home exams, please list your beginning date. You will have two weeks to complete your exam, submitting two responses after one week, and the remaining two responses at the end of the two week period.

Begin Date _____

All Oral Exams are *in camera* with your full committee. Please list the date and time you and your committee have arranged _____

Double Major: _____ If yes, please name other department _____

Minor Area: _____ Has minor advisor waived exam participation? _____

Examination Areas (If *in camera*, please list in the order you will take the exams) Name (area professor)

Chair of Advisory Committee: _____ Date: _____

Signature

Printed Name

Director of Graduate Studies: _____ Date: _____

Signature

Printed Name

*****For Office Use Only*****

Questions Requested: _____ Questions Received: _____ Equipment Reserved _____

Take-home Exam Begin Date _____ End Date _____ Oral Room Reserved _____

In Camera Rooms Reserved _____ Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____ Oral _____