

# 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 \_\_\_\_\_