

**INDIANA UNIVERSITY SCHOOL OF EDUCATION  
HIGHER EDUCATION AND STUDENT AFFAIRS**

**APPLICATION for  
DOCTORAL QUALIFYING EXAMINATION**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Degree: PhD \_\_\_\_\_ EdD \_\_\_\_\_

Date Program of Study (POS) approved by Assoc. Dean of Graduate Studies: \_\_\_\_\_

Notes:

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**Examination Dates:**     **Start Date** \_\_\_\_\_     **End Date** \_\_\_\_\_

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Minor Area Examination (specify minor area): \_\_\_\_\_

\_\_\_\_\_ To be taken     <<give date(s) here>>  
\_\_\_\_\_ Already taken     <<give date(s) here>>  
\_\_\_\_\_ Minor examination not required

For some minors a qualifying examination is not required. **You should determine if your minor department requires an examination.**

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Committee Members: \_\_\_\_\_ Chair  
\_\_\_\_\_ Member  
\_\_\_\_\_ Additional Member (optional)  
\_\_\_\_\_ Minor Member

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**Signatures (required):**

Committee Chair: \_\_\_\_\_ (for major exams)

Minor Member \_\_\_\_\_ (for minor exams)

Date: \_\_\_\_\_

Please return to W.W. Wright Education Bldg, Suite 4228, 201 North Rose Avenue, Bloomington, IN 47405.  
Phone: (812) 856-8372 Fax: (812) 856-8394