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: _____________________________

<table>
<thead>
<tr>
<th>Examination Dates:</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
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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.**

Committee Members: ___________________________ Chair
_____________________________ Member
_____________________________ Additional Member (optional)
_____________________________ Minor Member

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