DOCTORAL STUDENT

DOCTORAL QUALIFYING EXAM
APPLICATION

Semester you are taking the exam  

Date: ___________________________  UM ID # ___________________________

Name: __________________________________________________________________

Address: __________________________________________________________________

Telephone Number: __________________________________________________________________

E-mail address: __________________________________________________________________

Major: ____________  

☐ Check here if you would like to take your exam by computer. All exams will be in Microsoft Word. Please note that this option is limited to availability of computers.

NOTE: You must have proficient computer skills. Assistance will not be available. Problems with loss of files or inability to print document are the responsibility of the student.

Approved by Advisor: __________________________________________________________________

Date: ___________________________