



DOCTORAL STUDENT

**DOCTORAL QUALIFYING EXAM  
APPLICATION**

Revised: 09/2017

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: \_\_\_\_\_