



Please return to: Once approved, please submit as an email attachment to k.flagg@miami.edu or deliver to Orovitz Building, Room 311.

DOCTORAL STUDENT

**DOCTORAL QUALIFYING EXAM
APPLICATION**

Revised: 09/2019

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: _____