

**APPENDIX IV. FORM A**

**REQUEST TO TAKE THE PHD QUALIFYING EXAMINATION**

I, \_\_\_\_\_, request permission to take the Ph.D. Qualifying  
(student's name)

Examination during the \_\_\_\_\_ semester of 20\_\_\_\_\_.  
(Spring/Fall)

Dissertation Advisor: \_\_\_\_\_

Area of Specialization: \_\_\_\_\_

**Suggested Committee Members:**

1) \_\_\_\_\_ (Student's signature)

2) \_\_\_\_\_ (Advisor's signature)

3) \_\_\_\_\_ (Date)

4) \_\_\_\_\_

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**Committee Members Approved by Area Program Director:**

\_\_\_\_\_  
(Committee Chair)

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Area Program Director Date