



Arthur Temple College of Forestry & Agriculture

Application for Doctoral Qualifying Examination

Name _____
SID _____

Date _____

This will certify that the above-named student has been approved to be administered the Doctoral Qualifying Examination.

Dates requested for the examination: _____

Written Exam

Written responses to questions submitted to Major Professor by _____

Answers to be returned to student by _____

Oral Exam is scheduled for

Date _____ Time _____

Building/Room No _____

Typed Name:

Signature

Major Professor

Date

Committee Member

Date

Committee Member

Date

Committee Member

Date

Committee Member

Date

Graduate School Rep.

Date

Associate Dean (ATCOFA)

Date

Dean (ATCOFA)

Date

Dean of Graduate School

Date Approved