



**Request to Take the PhD Qualifying Examination**

When signed by all parties, this form indicates approval to take the oral qualifying examination. Present the completed form to the Student Services Advisor at least 30 days prior to the day of the exam. The original form is to be kept in the department and a signed copy provided to the student.

**Student Name:** \_\_\_\_\_ **Student I.D.#** \_\_\_\_\_

**Last** **First**

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **POST Code:** \_\_\_\_\_

I request permission to take the Qualifying Examination as administered by my Qualifying Exam Committee. I understand that both written and oral parts of the Qualifying Examination must be taken on the USC Campus.

**Written Exam Date:** \_\_\_\_\_

**Oral Exam Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Committee Member</b>	<b>Email Address</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The department or program verifies that the student has satisfactorily completed all pre-Qualifying Examination requirements: GPA: \_\_\_\_\_ Units: \_\_\_\_\_

**Printed Name** **Signature and Date**

**Committee Chair:** \_\_\_\_\_

**Director/Department Chair:** \_\_\_\_\_