



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 45 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.#** _____

Phone: _____ **E-mail:** _____ **Major:** Neuroscience

POST Code: 970

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 Proposal Due Date: _____

Oral Exam Date: _____

Student Signature: _____ **Date:** _____

Committee Member	Email Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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: _____