

Application for the Qualifying Examination

Doctoral students who are preparing to take the Qualifying Examination (QE) must submit this application at least three weeks prior to the proposed date for the examination. Students must be registered for the semester in which the examination is held. If the student has been formally admitted to one of the approved Designated Emphasis (DE) programs on campus, the Head Graduate Advisor of the DE must also approve this application. Submit the completed application to your departmental administrator. Direct questions to your Degrees Office advisor: grad.berkeley.edu/academic-progress/advising.

S.I.D. # _____ Degree Granting Program: _____ Proposed exam date: _____

Designated Emphasis (if applicable): 1. _____ 2. _____

Name: _____ Email address: _____

(APPEARING ON STUDENT RECORDS.) (LAST, FIRST, MIDDLE)

Subject areas. At least three subject areas must be listed, including the general field and the nondepartmental fields of knowledge in which the candidate will be examined. Incomplete applications will be returned to the department.

1. _____

2. _____

3. _____

Proposed committee members to conduct the qualifying examination(s) are (You must provide an email address for committee members that are not from UC Berkeley):

QUALIFYING EXAM CHAIR, DEPARTMENT _____ EMAIL _____ ADDITIONAL MEMBER, DEPARTMENT _____ EMAIL _____

ADDITIONAL MEMBER, DEPARTMENT _____ EMAIL _____ ADDITIONAL MEMBER, DEPARTMENT _____ EMAIL _____

ACADEMIC SENATE REPRESENTATIVE, DEPARTMENT _____ EMAIL _____

Proposed faculty member primarily in charge of the dissertation research: _____
CHAIR, DEPARTMENT

Proposed Co-chair (if applicable): _____
CO-CHAIR, DEPARTMENT

Designated Emphasis representative(s): _____
DEPARTMENT

Foreign language requirement. The foreign language requirement, if appropriate, must be satisfied prior to admission to the qualifying examination(s). I hereby certify that the foreign language requirement has been fulfilled.

Language: _____ Date completed: _____

Language: _____ Date completed: _____

Signature of Head Graduate Advisor, Degree Granting Program _____ Date _____

Signature of Head Graduate Advisor, Designated Emphasis (if applicable) _____ Date _____

This section for Graduate Division use only

Registration status: _____ Approval date: _____

Approved by: _____ Expiration date: _____