



Diagnostic/Qualifying Examination for Doctoral Degree

Department: _____

In accordance with College policy (see COLLEGE OF EDUCATION, Requirements of Doctoral Study), "Every student who has been admitted to work toward a doctoral degree within a department or program of the College, **must, before the end of the second semester of post-baccalaureate study, complete a departmentally administered diagnostic examination.** ... The department will notify the College of Education's Office of Academic Services and the University Registrar if the diagnostic examination is failed and the student's program is to be terminated."

Therefore, please complete and return the form to the Department Chair for later transmittal to the Office of Academic Services; a copy of this review will also be filed in the student's departmental advising folder. **Form fields must be typed.**

Student's Name: _____

EMPLID Number: _____

Term/Year Admitted: Fall _____ Spring _____ Summer _____ of 20 _____

Program/Major Name: _____

Date of Examination: ____/____/____

Date Passed: ____/____/____

Date Failed: ____/____/____

Comments: _____

Department representatives:

printed name & signature

printed name & signature

printed name & signature

printed name & signature

****Please return this completed form to OASIS, Graduate Support, Stone Building***