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	Quali	fying Examir	nation App	olicatio	on for the	Degree of Doctor of	
	□Philosop	hy (Ph.D.) [☐ Education	on (Ed	.D.) 🗆 E	ingineering (D.Engr.)	
Last Name		First Name		Middle Name		Student ID Number	
Current Address		City		State/Zip Code		E-mail	
Current Address		City		State/Zip Code		E-IIIali	
Major Professor		Graduate Program			Proposed Examination Date		
The applicant will be examined on these subjects:							
	d for committee to conduct the					• •	
Title (Prof., Assoc., Asst.)	Name (first, middle initial	I, last)	Department/Campus Address		us	E-mail Address	
Chair							
(Designated Emphasis or optional sixth member)							
Please indicate	members listed, once approved by below if one of the above commit Member Remote Participation Re	ttee members (no	ot the Chair)	will be pa	articipating	remotely. Please attach	
Print or type na	nme:		·				
Remote particip	pation requires approval of the Ass	sociate Dean for	Graduate St	udents.			
	mmittee membership require submior to the examination taking place		oval of a Peti	tion for F	Reconstitution	on of Committee	



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DEPARTMENT CERTIFICATION (for all students)	
I certify that the above student has completed all required course work and is prepared to the degree Doctor of Philosophy.	take the Qualifying Examination for
Graduate Program Adviser Signature:	Date:
Print Graduate Program Adviser's Name:	
FOR STUDENTS ADMITTED TO A DESIGNATED EMPHASIS (DE) ONLY	
Designated Emphasis in:	
Committee Member (above) who will exam for the Designated Emphasis:	
y	
Director of Designated Emphasis Signature:	Date:
Print Director of Designated Emphasis Name:	
ORABILATE OTHER SECTION	
GRADUATE STUDIES SECTION Quarters in Residence:Quarter Last Registered:Matriculation Date:	G.P.A.:
Deficiencies:	
APPROVED	D. L.
Associate Dean of Graduate Studies Signature:Staff Initials:	Date:
- C.C	