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| Ph.D. Qualifying Exam – Request Form | | | | | | | | | | | | | | | | |
| ECpE Student Services ~ 1212 Coover Hall ~ Iowa State University ~ Ames, Iowa | | | | | | | | | | | | | | | | |
| **I Student Information** | | | | | | | | | | | | | | | | |
| **Name** |  | | | | |  | | |  | | | Univ ID | |  | | |
|  | (Last) | | | | | (First) | | | (Middle) | | |  | |  | | |
| Email Address | | |  | | | | | | | | | | | | | |
| Entry Term (Semester/Year) | | | |  | | | | | | **Major** |  | | | | | |
| **Area of Study** | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **II Completion Timeline** | | | | | | | | | | | | | | | | |
| * The Qualifying Process must be completed by the fourth (4) semester for post BS students and by the third (3) semester for post MS students. * Extension may be granted by the Director of Graduate Education (DOGE) or the Faculty Advisor with extenuating circumstances. | | | | | | | | | | | | | | | | |
| This student is being granted an extension to complete the Qualifying Process. All requirements should be | | | | | | | | | | | | | | | | |
| completed by | |  | | | semester | | |  | | year | | | | | | |
| Reason: | |  | | | | | | | | | | | | | | |
| Approved by: | |  | | | | | | | | | | | Date: | |  | |
|  | | (DOGE or Faculty Advisor) | | | | | | | | | | |  | |  | |
| **III Research Area and General Skills Course List** | | | | | | | | | | | | | | | | |
| * Fill out the table below and mark the ***general*** ***skills*** courses with an asterisk (**\***). * Both ***academic area*** courses must be taken at ISU. * At most one ***general*** ***skills*** course may be substituted by another course(s) (taken at either ISU or another university). You must attach course description and materials and an unofficial transcript to the academic area chair for approval. The grade of the substitute course must be A- or better. * Submit to ECpE Student Services after you have obtained the signatures from your faculty advisor and the academic area chair (if needed). ECpE Student Services will fill in the appropriate grades as taken at ISU. | | | | | | | | | | | | | | | | |
| Check here if this is a revised form. | | | | | | | | | | | | | | | | |
| **University** | | | | | | | **Dept Name & Course Number** | | | | | | **Grade** | | | **Semester/Year** |
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| **IV Approvals** | | | | | | |
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| Student’s Signature | | | |  | Date | |
|  | | | |  |  | |
| Faculty Advisor (printed and signed) | | | |  | Date | |
|  | | | |  |  | |
| Academic Area Chair (printed and signed) ***(This signature is needed only if a substitute course has been requested.)*** | | | |  | Date | |
|  | | | |  |  | |
| Director of Graduate Education | | | |  | Date | |
|  | | | | | | |
| Office use only |  | Certified courses/grades |  | | | Certified E.T./C.D. |