DOCTORAL QUALIFYING EXAMINATION APPLICATION

	Date of Examination	on:		
Student: Pl	ease fill in the top half of this fo	rm and return	to the Depa	artment Office.
	Student Inf	ormation		
Name			GW ID	
Current Address				
Home Number		Work Numb	er	
E-mail address				
Academic Advisor				
Advisor Number		Advisor E-M	ail	
Semester In Which S	tudent Entered The Doctoral Pr	ogram:		
PhD GPA (minimum	must be 3.4/4.0 – attach copy o	f academic tra	nscript):	
Is This Your First or S	econd Attempt: First Seco	ond 🗆		
Area of Focus				
	FOR COMMITT	EE USE ONLY		
Date of Completion:	P	ASS: FAIL:		
	EXAMINING C	COMMITTEE		
	Printed		Sign	ed
Chairman Signature: _			Date: _	

Revised: 6/18/2020