

PERMISSION TO SCHEDULE
DOCTORAL QUALIFYING WRITTEN EXAMINATION

****This form is due to ESE Student Services at least one week prior to the scheduled exam****

DATE:

STUDENT NAME:

COMMITTEE:

ADVISOR:

I certify that the student has met the following requirements:

1. Completed the courses approved by their dissertation committee (with the exception of ENVR 400, 703), or in the final semester of required coursework.
2. Met the residency requirement and any conditions attached to admission.
3. Will be a registered student during the semester when the exam is taken.

Faculty Advisor/Mentor Signature

(signs on behalf of the committee for the final oral)

Date

Additional Notes: