
CSCE 6 Scheduling Qualifying Exam

Please Print

Student Name: _____

Student ID Number: _____

Title: _____

The research-based qualifying exam will be presented to the committee:

Date: _____ Time: _____ Location: _____

The room has been reserved: Yes No

Name

Department

Signature

1. _____
(Examination Chair)

2. _____
(Major Advisor---**not a member** of the examining committee. For information only. No signature required.)

3. _____

4. _____

5. _____
(Outside Member, if any)

Have your committee members been notified of the qualifying exam's presentation date, time, and location? Yes No

Student Signature

Date

PLEASE DO NOT WRITE BELOW THIS LINE

OFFICE USE

Date CSCE 6 Form Received: _____

Graduate Secretary