



## Request to Delay Qualifying Exam

### STUDENT INFORMATION:

Student Name:

Research Advisor:

Email Address:

Date Submitted:

Proposed Research Area:

### DEGREE AREA:

Applied Math

Applied Physics

Computer Science

Engineering Sciences:

BIO

EE

ESE

Mat/Mech

### QUALIFYING EXAM COMMITTEE:

Advisor's Nominee:

Student's Nominee:

Dean's Nominee:

(assigned by CHD)

### 1. Please explain your reasons for requesting the extension (required)

### 2. Month and year in which you expect to take the exam:

Advisor's Comments (required):

Date

Student Signature

Date

Advisor Signature