



Request to Delay Qualifying Exam

STUDENT INFORMATION:

Student Name: _____ Research Advisor: _____
Email Address: _____ Date Submitted: _____
Proposed Research Area: _____

DEGREE AREA:

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):

Student Signature

Date

Advisor Signature

Date