

# WORKFORCE EDUCATION & DEVELOPMENT

## *Checklist of Qualifications for Scheduling of Oral Comprehensive Examination for Doctoral Degree*

**Directions:**

- Use this form to notify your advisor that you believe you are qualified to receive a comprehensive examination.
- Complete this entire form and submit it to your advisor.
- You must submit the form during a semester (not summer session) prior to the semester in which you want to schedule the examination. For, instance, exams that occurred during Spring Semester 2021 should have been scheduled during Fall Semester 2020.
- Your advisor reviews your records and consults with your committee. If you qualify for an examination, the WF ED program office will provide the schedule for your examination to you.
- You must submit a précis/proposal for your thesis to your advisor by the deadline in order to be eligible to receive the comprehensive exam questions.

Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Examination Will Occur: \_\_\_\_\_  
*Semester*

Completed	Will Complete This Semester	Qualification
<i>Choose one</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Residency requirement
<input type="checkbox"/>	<input type="checkbox"/>	Research requirements approved by committee
<input type="checkbox"/>	<input type="checkbox"/>	Program of study approved by committee
<input type="checkbox"/>	<input type="checkbox"/>	Remedial communications skill development specified by the graduate faculty when admitted to candidacy

**To Doctoral Candidate:**

I certify that, to the best of my knowledge, my assertions about my qualifications are consistent with my academic record. In addition, I acknowledge that a final examination is not scheduled for me unless (a) my adviser/committee concur that I possess the qualifications to schedule an examination, and (b) I fulfill any other requirements specified by the Graduate School.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**For Chair of Doctoral Committee:**

I request that the WF ED program office schedule a oral examination for this student during \_\_\_\_\_ semester.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*