

**CS 08**  
**Computer Science Department**  
**Request to take the Ph.D. Qualifying Exam**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student ID \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

My current GPA is \_\_\_\_\_

This form should be submitted to the department office at the beginning of the Fall or Spring semesters along with the Ph.D. Qualifying Project Report. As a part of the Ph.D. Qualifying Exam every student is required to take an oral exam. The department will notify students of the exact date for the oral exam. **Each student is also required to submit 3 copies of his/her Ph.D. Qualifying Exam Project Report at the beginning of the Fall or Spring semesters.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Member's Signature \_\_\_\_\_ Date \_\_\_\_\_