

**PROPOSAL FOR QUALIFYING EXAM**

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Mentor

\_\_\_\_\_  
SID number

\_\_\_\_\_  
Mentor signature

\_\_\_\_\_  
Student's address (street, city, state, zip) phone

\_\_\_\_\_  
Student's email

**Fields for examination (at least 3 subjects)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Proposed Committee (Department and Graduate Division grants final approval)**

1. \_\_\_\_\_  
Inside committee member + email

2. \_\_\_\_\_  
Inside committee member + email

3. \_\_\_\_\_  
Inside committee member + email

4. \_\_\_\_\_  
Outside committee member + dept + email

**Committee chair:** \_\_\_\_\_

**Exam Date and Time:** \_\_\_\_\_

**PLEASE RETURN TO MEI GRIEBENOW AT LEAST FOUR WEEKS BEFORE EXAM  
DATE**