

**USF COLLEGE OF PUBLIC HEALTH
Application for Ph.D. Qualifying Exam**

(Form must be submitted 4 weeks before exam date with an up-to-date plan of study and student must be registered for 2 credits the semester of the exam)

(Please print legibly)

Date: _____

Name of Student: _____ Email: _____

Date of Application: _____ UID #: _____

Date(s) of Written Exam: _____ Date of Oral Exam (if any): _____

Department: _____ Major Advisor: _____

Briefly describe type and location of exam administration (e.g., take home, open book, written/oral etc., and broad areas to be covered).

Student is in good standing (GPA 3.0 or above, no incompletes or missing grades, PhD Committee forms signed and all courses on plan of study have been successfully completed).

Signatures:

Student: _____ **Date:** _____

Major Advisor: _____ **Date:** _____

Dept. Chair: _____ **Date:** _____

SUBMIT TO ACADEMIC AFFAIRS FOR PROGRAM REVIEW

Academic Affairs Only

GPA _____ # of Credit Hours _____ Plan of Study on File _____ Committee on File _____

Competencies _____ Coursework Completed _____

Comments _____