

## **Application for Qualifying Examination**

Students must be registered for the quarter during which they are examined.

To the Graduate Council:		
In the opinion of the	graduate progran	n,
Applicant's first name:	SF ID or UC ID:	·
Applicant's last name:	UCSF email:	
is ready to proceed to the qualifying examination fo	r the degree of:	
Research area upon which the applicant will be held		
Proposed committee, minimum of four members (p		
Approved:(print name of graduate advisor)	Only those committees that include non-Academic Senate members require approval from the graduate program director.	
Approved: (signature of graduate advisor)	(signature of graduate program director)	
Student signature:	date:	
Some graduate programs require this form be return processing by the Graduate Division. Please check Graduate Division – Box 1227		
Graduate Division use only		date:
Approved:	_Dean, Graduate Division	quarter effective: