

University of California, Berkeley • Graduate Division
Application for the Qualifying Examination

Doctoral students who are preparing to take the Qualifying Examination (QE) must submit this application at least three weeks prior to the proposed date for the examination. Students must be registered for the semester in which the examination is held. If the student has been formally admitted to one of the approved Designated Emphasis (DE) programs on campus, the Head Graduate Adviser of the DE must also approve this application. Submit the completed application to Graduate Services: Degrees, 318 Sproul Hall #5900, University of California, Berkeley, Berkeley, CA 94720-5900. Direct questions to degrees@berkeley.edu or call (510) 642-7330.

S.I.D. # _____ Major: _____ Proposed exam date: _____

Designated Emphasis (if applicable): 1. _____ 2. _____

Name: _____ Email address: _____
(Appearing on student records.) (Last, first, middle)

Local address: _____ Phone number: () _____
(Number, street, city, zip code)

Subject areas. At least three subject areas must be listed, including the general field and the nondepartmental fields of knowledge in which the candidate will be examined. Incomplete applications will be returned to the department.

1. _____
2. _____
3. _____

Proposed committee members to conduct the qualifying examination(s) are:

Qualifying exam chair and department _____ Committee member and department _____

Committee member and department _____ Committee member and department _____

Committee member outside the department _____

Proposed faculty member primarily in charge of the dissertation research: _____

Designated Emphasis representative(s) (if applicable): 1. _____ 2. _____

Foreign language requirement. The foreign language requirement, *if appropriate*, must be satisfied prior to admission to the qualifying examination(s). I hereby certify that the foreign language requirement has been fulfilled.

Language: _____ Date completed: _____

Language: _____ Date completed: _____

Signature of Head Graduate Adviser, Major _____ Date _____

Signature of Head Graduate Adviser, Designated Emphasis (if applicable) _____ Date _____

This section for Graduate Division use only

Registration status: _____ Approval date: _____

Approved by: _____ Expiration date: _____