

**REQUEST FOR  
EXTENSION OF TIME TO TAKE  
PH.D. QUALIFYING EXAMINATIONS**

STUDENT'S NAME: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_

BIIN QUALIFYING EXAM

PT QUALIFYING EXAM

1. Reason(s) for requesting this extension of time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Time when you now wish to take your qualifying exams:

\_\_\_\_\_

3. Approved by:

\_\_\_\_\_  
Associate Dean for Academic Affairs

Date: \_\_\_\_\_

4. Signatures of faculty who have agreed to prepare your exams, indicating that they have been notified of the schedule change.

Faculty\_\_\_\_\_

Faculty\_\_\_\_\_

Faculty\_\_\_\_\_

Faculty\_\_\_\_\_

Faculty\_\_\_\_\_

Note: This form is to be filed with the Associate Dean for Academic Affairs