

**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