

# G105:Qualifying Exam Request & Report

## Part I:Qualifying Exam Request

Name: \_\_\_\_\_  
(Last) (First) (M.i.)

CE } ( ^ š μ Ç W Minor (if applicable): \_\_\_\_\_

Advisor: \_\_\_\_\_

Qualifying Exam Committee (minimum of 3 faculty):

Faculty Name	Department/Affiliation

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CEGPC Approval: \_\_\_\_\_ Date: \_\_\_\_\_

DepartmentChair Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## Part II Qualifying Exam Report

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