REQUEST TO SCHEDULE
the
DOCTOR OF ENGINEERING CANDIDACY EXAM

DATE SUBMITTED ____________________________

NAME _______________________________ LUID# __________________________

ADDRESS _______________________________ TELEPHONE __________________

DEPARTMENTAL AFFILIATION ____________________________________________

CANDIDACY EXAM

DATE REQUESTED: ____________________________

TIME: ____________________________

LOCATION: BUILDING ____________________________

ROOM NO. ____________________________

TYPE OF EXAM: ____________________________

(ORAL, WRITTEN, BOTH)

COMMITTEE CHAIR: ____________________________

CO-CHAIR (If Applicable): ____________________________

COMMITTEE

COMMITTEE MEMBER ____________________________

COMMITTEE MEMBER ____________________________

COMMITTEE MEMBER ____________________________

COMMITTEE MEMBER ____________________________

FIELD STUDY TITLE ____________________________

______________________________________________

SCHEDULE ACKNOWLEDGED

______________________________________________ DATE __________________

DEPARTMENT CHAIR

______________________________________________ DATE __________________

DEAN, COLLEGE OF ENGINEERING

______________________________________________ DATE __________________

DEAN, COLLEGE OF GRADUATE STUDIES