

**THIRD QUALIFYING EXAM SCHEDULING FORM
COLLEGE OF CRIMINAL JUSTICE**

Student Name: _____

Student ID Number: _____ Date: _____

In order to request scheduling for the third examination, students **MUST** certify that they have met the registration requirements by submitting this form to the graduate program office *at least thirty days in advance of the requested examination dates*. No third qualifying exam will be scheduled until this completed and signed form is received in the graduate program office. Hardcopies of the final reading list and the proposal must be delivered to the committee and the graduate program office *at least two weeks prior to the examination*.

Area of Specialization: _____

Proposal Title: _____

Committee Members: _____

Through initialing next to each line, I confirm that:

_____ All members of my committee have been given the opportunity to provide feedback on (and have approved) my area exam reading list.

_____ All members of my committee have been given an opportunity to provide comments on my proposal.

_____ I have begun the process of applying for Institutional Review Board (IRB) approval for this project. Materials were/will be submitted on _____.

_____ I will provide hardcopies of (1) a final version of my area exam reading list and (2) a final draft of my dissertation proposal to all members of my committee *and* to the graduate program office no later than _____ (*date must be at least two weeks in advance of the examination date requested below*).

_____ I have consulted with each of the members of my committee regarding the proposed dates and times for the exam and all have agreed to these dates/times. Parts I & II can be scheduled for the same day (with a break between) or scheduled up to, but no more than, one week apart. Allow two hours for each part.

Requested Dates/Times:

Part I: Area of Specialization Exam: _____ @ _____ am/pm

Part II: Proposal Defense: _____ @ _____ am/pm

Student Signature:

Committee Chair Signature