

Qualifying Examination (QE) Application for the Degree of Doctor of Philosophy (Ph.D.) | Education (Ed.D.) | Nursing Practice (DNP)

- **QE Application Due Date** - Completed QE Applications must be submitted to Graduate Studies, by your Graduate Coordinator, **at least 30 days prior to the scheduled exam date.**
- Information about the QE application process, committee eligibility, and exam outcomes is available in the [Doctoral QE Policy](#) and the [Doctoral Qualifying Examination website](#).

Student Full Name		Student ID Number
Student Email	Graduate Program	Major Professor
Scheduled QE Date	Subjects to be included in the examination:	

Recommended Qualifying Examination Committee

QE committee membership is reviewed according to the Graduate Council policy requirements, and only committee members approved by the graduate program and Graduate Studies may participate in the QE. Requests to change the members of an approved committee can be submitted using the [Reconstitution of Committee Request](#).

Title (Prof., Assoc., etc.)	Committee Member Name	Home Department	E-mail Address
Chair			
Optional 6 th member			

Optional External Committee Member

An external committee member is an individual employed outside the UC system or by one of the UC campus-based national labs (unless appointed to a committee eligible UC position).

- To request Graduate Studies approval for an external QE committee member, submit 1) a completed [External Committee Membership Application](#) and 2) the external member's complete CV with the QE Application.

Does your QE committee include an external member? No Yes – Member's Name: _____

Optional Remote Committee Member

Per the [Doctoral QE Policy](#), QE's must be held in-person with the option to include **up to one** committee member, other than the QE Chair, participating remotely with Graduate Studies Associate Dean approval

- To request Graduate Studies approval for a remote QE committee member, submit a completed [Remote Participation Request](#) with the QE Application.

Does your QE committee include a remote member? No Yes – Member's Name: _____

Continue to Graduate Program Approval on page 2.

UC DAVIS

GRADUATE STUDIES

Graduate Program Section

Graduate Advisor & Coordinator, prior to approving, please confirm you completed the following QE eligibility checks:

- Reviewed the student's transcript they completed the required coursework & doctoral program degree requirements.
 - *Per Graduate Council policy and at the program's discretion, 1-2 courses may be in progress during the QE quarter and a foreign language requirement may be pending until the student advances to candidacy.*
- Reviewed the QE committee eligibility based on the [Service on Advanced Degree Committee](#) and [Doctoral QE](#) policies, and any additional committee standards included in the program degree requirements.

Graduate Advisor Signature: _____ Date: _____
(Graduate Program Advisors are identified on each [Program page](#))

Print Graduate Advisor's Name: _____

Graduate Coordinator Signature: _____ Date: _____

Print Graduate Coordinator's Name: _____

Designated Emphasis (DE) Section

Required only for students admitted to a DE

A completed [DE Application](#) must be submitted to Graduate Studies before or with the QE Application.

Designated Emphasis in: _____

Name of the QE Committee Member examining for the DE (must be affiliated with the DE):

DE Director Signature: _____ Date: _____

Print DE Director's Name: _____

Second Designated Emphasis in: _____

Name of the QE Committee Member examining for the DE (must be affiliated with the DE):

DE Director Signature: _____ Date: _____

SDSU Ecology Certification

Required only for students in the Joint Program in Ecology - JDPE

I confirm the student has completed all required course work and is eligible for the Qualifying Examination.

SDSU Dean Signature: _____ Date: _____

JDPE Program Chair Signature: _____ Date: _____

JDPE Program Coordinator Signature: _____ Date: _____

Graduate Studies Section

Quarters in Residence: _____ Quarter Last Registered: _____ Matriculation Date: _____ G.P.A.: _____

Pending Requirements: _____

APPROVED

Graduate Studies Associate Dean Signature: _____ Date: _____

Staff Initials: _____