TEXAS TECH UNIVERSITY
HUMAN DEVELOPMENT AND FAMILY STUDIES GRADUATE PROGRAMS
HDFS DOCTORAL DEGREE

NOTIFICATION FORM FOR SPECIALIZATION EXAM

Student Name: _____________________________ Date: _____________

I have completed the following requirements and request to (circle one) take/retake the
Specialization Exam in Semester ______ Year ________.

1. The Preliminary Examination: Date: __________
2. Your 7000 Project: Date: __________
3. The majority of coursework:
   List any courses on your plan of study not yet taken:
   __________________________________________
   __________________________________________
   __________________________________________

4. Removal of incompletes:
   (List below any courses with a current grade of “I”)
   __________________________________________
   __________________________________________
   __________________________________________

Yes, I approve the student’s request to take the Specialization Exam.

Advisor: _____________________________ Date: ________________

HDFS Program Director: ___________________________ Date: ___________