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

NOTIFICATION FORM FOR QUALIFYING EXAMINATION

Student Name: ________________________________ Date: __________

I am requesting to (circle one) take/retake the qualifying exam(s) in January/August of ______ (year). Please circle type of exam below:

Research Methods       Theoretical Foundations

I will have completed the following requirements and understand that the Specialization portion of the examination must be taken before I can take the Research Methods or Theoretical Foundations portion:

1. The Preliminary Examination: Date: __________
2. Your 7000 Project: Date: __________
3. The Specialization Examination: Date __________
4. 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 following qualifying examination(s). Please circle type of exam below.

Research Methods       Theoretical Foundations       Both Examinations

Advisor: _____________________________ Date: ______________

HDFS Program Director: ___________________________ Date: __________