

Department of Geography & GIS
DEPARTMENTAL (QUALIFYING) EXAM REQUEST

Please submit two weeks prior to the examination date.

Date: _____

Degree sought _____

Student Name: _____

GEOG 471 taken _____ 20 _____

Advisor Name: _____

GEOG 491 taken _____ 20 _____

Exam Room: _____

Please see the Graduate Contact to reserve a room.

Day 1: Date and time: _____

Day 2: Date and time: _____

Day 3: Date and time: _____

How will this exam be administered? _____

If you plan to email the questions to the Graduate Contact, please also designate one other person to receive them.

Is the student permitted to use materials during the examination? Yes No

If yes, what materials? _____

The student and advisor have selected a committee of the following three faculty members, and the student has asked each member to serve on the exam committee:

1. _____

2. _____

3. _____

Advisor signature

Date

Director of Graduate Studies signature

Date

Student is responsible for submitting the Departmental Examination Request Form at least two weeks prior to the examination date, and for requesting an examination room.