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.*