

**REQUEST TO SCHEDULE
the
DOCTOR OF ENGINEERING CANDIDACY EXAM**

DATE SUBMITTED _____

NAME _____ LUID# _____

ADDRESS _____ TELEPHONE _____

DEPARTMENTAL AFFILIATION _____

CANDIDACY EXAM

DATE REQUESTED: _____

TIME: _____

LOCATION: BUILDING _____

ROOM NO. _____

TYPE OF EXAM: _____

(ORAL, WRITTEN, BOTH)

COMMITTEE CHAIR: _____

CO-CHAIR (If Applicable): _____

COMMITTEE

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

FIELD STUDY TITLE _____

SCHEDULE ACKNOWLEDGED

DEPARTMENT CHAIR

DEAN, COLLEGE OF ENGINEERING

DEAN, COLLEGE OF GRADUATE STUDIES

DATE _____

DATE _____

DATE _____