

## Doctoral Qualifying Examination Application

Please complete this form and submit it to the chair of the Graduate Committee along with a list of graduate courses completed at Marquette University.

### Student's name

Area

Advisor

### Proposed dates of examination

### Modern language requirements fulfilled

French            Date fulfilled

German           Date fulfilled

Other             Date fulfilled

### Proposed topics for examination

Major area

Topic 1

Topic 2

Topic 3

Minor area

Topic

Minor area

Topic

### Proposed examination committee

1.                , committee chairperson

2.

3.

4.

5.

6.                , alternate

7.                , alternate

8.                , alternate

Signature of Advisor

Date