

## 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:**

**Language requirements fulfilled (as applicable)**

**Classical**

Greek

Hebrew

Latin

Other

**Modern**

French

German

Other

**Proposed topics for examination**

Major area:

Topic 1:

Topic 2:

Topic 3:

Minor area:

Topic:

Minor area:

Topic:

**Proposed examination committee**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Signature of Advisor

Date