

**APPLICATION FOR QUALIFYING EXAM  
FOR THE DEGREE OF DOCTOR OF EDUCATION, EDUCATIONAL LEADERSHIP**

[This form must be submitted by the student to the DPELFS office one month prior to the date of the exam.]

**PLEASE TYPE.**

**PART I. STUDENT**

STUDENT NAME \_\_\_\_\_  
Last First Middle ID#

ADDRESS \_\_\_\_\_  
Number and Street City State Zip Telephone/Cell

I, \_\_\_\_\_, believe I have fulfilled all requirements and am hereby applying to take the qualifying examination.

\_\_\_\_\_  
Student signature

**The examination has been scheduled for:**

**PART II. PROGRAM**

There are no incompletes listed on the transcripts of the student listed above. The student has completed \_\_\_\_\_ semester units toward the doctoral degree.

\_\_\_\_\_  
Graduate Program Assistant

Based on the completion of all core courses and a satisfactory grade point average, I recommend the above student be allowed to take the qualifying examination.

\_\_\_\_\_  
Director, Doctoral Program in Educational Leadership

**PART III. DIVISION OF GRADUATE STUDIES**

Semesters completed: \_\_\_\_\_ GPA: \_\_\_\_\_

\_\_\_\_\_  
Dean, Division of Graduate Studies Date