



PhD Qualifying Exam Registration Form

Student Name: _____
Last First

Title of Qualifying Exam: _____

Committee Chair: _____

Two Additional BME Committee Members (*Please list each committee member's name and primary research area*):

Name: _____ Primary Research Area: _____

Name: _____ Primary Research Area: _____

*This committee will also be your plan of study committee. **There should only be 3 members on this committee.***

Please indicate when you will be completing the Qualifying Exam:

Completing Qualifying Exam this semester

Delaying Qualifying Exam one semester (Fall or Spring)

NOTE: If you are delaying the qualifying exam, you must still hold a mentoring committee meeting by May 15th.

If you are delaying the qualifying exam, please provide a brief rationale (2-3 sentences):

Student Responsibilities

- Review the Qualifying Exam section of the [BME Graduate Handbook](#) for a complete overview of your Qualifying Exam guidelines and expectations.
- Reserve a room for the set date/time of your Qualifying Exam and provide details here:

Date: _____ Time: _____ Building: _____ Room _____

Acknowledgement from Student

To the best of my abilities, the information presented on this form is accurate. In addition, I have read, understood, and will follow the guidelines as outlined in the statement of student responsibilities while completing this portion of the qualifying exam.

Student Signature: _____ Date: _____

Acknowledgement from the Major Professor (Advisor/Mentor)

Aside from the selection of the topic and the five (5) core papers, I (major professor) will play a minimal role in the student's preparation of the Qualifying Exam Documents.

Printed Name of Major Professor: _____

Major Professor Signature: _____ Date: _____

Co-Advisor Name (if applicable): _____

Co-Advisor Signature (if applicable): _____ Date: _____