



University of Arkansas at Little Rock

College of Education

Doctoral Program in Higher Education

Application for Qualifying Examination

Name _____ Student T# _____
Last First

Address _____ City/State/Zip _____

Telephone: Work _____ Home _____ E-Mail _____

Degree program concentration:

- Administration Two-Year College Leadership
 Student Affairs Administration Faculty Development

Plan for coursework completion:

- Option #1: Concurrent:* I will take the qualifying examination during the same semester of enrollment in HIED 8399: Dissertation Seminar.

OR

- Option #2: Consecutive:* I will take the qualifying examination during one semester and enroll in HIED 8399: Dissertation Seminar during the next semester.

Name of Committee Chair _____

- I have selected the chair and members for my dissertation committee, and I have filed the necessary form. (Required to take the qualifying examination)

Signature of Applicant _____ Date _____

I certify that this applicant has completed all necessary requirements to be eligible to sit for the qualifying examination.

Signature of Committee Chair _____ Date _____