

Notice of Intent to Sit for Criminology Qualifying Examination

This form is to be signed and submitted to the Graduate Program Administrator at least 21 days prior to the qualifying examination.

Student Name:			Student ID:	
Semester and Year of E	xamination:			
			Qualifying Examination in the semester and ments by the date of the exam.*	
Are accommodations re	equired through the U7	TD Office of AccessAl	pility for the exam?	
	1 0			
		copy of this document the Program Head and	ration and will make arrangements for or Ph.D. Advisor.	
	r, and the Graduate Pr	ogram Administrator.	exam is released by emailing the Program I also understand that once the exam has m.	
If this is a RETAKE, pl	ease indicate which ar	rea(s) you will be retes	ting: THEORY POLICY	
Student Signature:			Date:	
*Confirmation of Satisf	Caction of Degree Requ	uirements:		
PhD Advisor Signature:			Date:	
*******		**************************************	**************************************	
RESULTS:				
THEORY	PASSED	FAILED	WITHDREW	
POLICY	PASSED	FAILED	WITHDREW	
Signature:			Date:	