

**THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
APPLICATION TO TAKE THE QUALIFYING EXAMINATION/ASSESSMENT FOR
DOCTORAL DEGREE PROGRAM**

Return the completed form, with all signatures, to The Graduate School, Montclair State University,
College Hall 203, Upper Montclair, NJ 07043

Doctoral students may apply to take the Qualifying Examination/Assessment any time after completing 75% of their coursework, but prior to identifying and formalizing a decision about their dissertation. Doctoral students must use this form when they believe they have satisfied all the requirements listed below. *Please type or print clearly.*

Student Name _____ Date of Request _____
Address _____ Student I.D. No. _____ - _____ - _____
_____ Program _____

To be eligible to take the Qualifying Examination/Assessment, doctoral students must be in good academic standing. Good academic standing requires a minimum of a 3.0 grade point average, no more than six (6) semester hours of coursework graded at the C-level and no failing grades, and no other disciplinary actions. Doctoral students must have also completed a minimum of 75% of the coursework required for their degree. By completing this application and by their signature below, doctoral students certify that they have met the above requirements and are eligible to take the Qualifying Examination/Assessment.

Student's Signature _____ Date _____

Doctoral Student Graduate Advisers and Program directors please review this application to take the Qualifying Examination/Assessment, make one of the following determinations and forward this form to The Graduate School.

_____ I certify that this doctoral student is eligible to take the Qualifying Examination/Assessment.
_____ This doctoral student is not eligible to take the Qualifying Examination for the following reason(s):
_____ 75% of coursework in doctoral program has not been completed
_____ improve grade point average in doctoral program courses
_____ more than six (6) semester hours of C-level grades or a failing grade has been earned.

Doctoral Student Graduate Adviser _____ Date _____

Doctoral Program Director's Signature _____ Date _____

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_____ Approved _____ Denied (_____ Comments)

Signature of The Graduate School _____ Date _____

Web Form Distribution:
The Graduate School Program Director Graduate Adviser Student