

REGIONAL PLANNING PH.D. PROGRAM
Certification of Candidacy for the Ph.D. in Regional Planning

Date of Qualifying Examination: _____

Student: _____ Advisor: _____

Area of Specialization: _____

The undersigned have individually examined this student's record of performance in graduate study and administered a written and oral Qualifying Examination. We respectively recommend that the student (check proper box below):

- (a.) be accepted as a Ph.D. candidate in the program;
- (b.) not be accepted as a Ph.D. candidate;
- (c.) be reexamined when the conditions indicated in the attached sheet are met.*

| | | | <u>Name</u> | <u>Signature</u> |
|----|----|------|-------------|------------------|
| a. | b. | c. * | _____ | _____ |
| a. | b. | c. * | _____ | _____ |
| a. | b. | c. * | _____ | _____ |
| a. | b. | c. * | _____ | _____ |
| a. | b. | c. * | _____ | _____ |
| a. | b. | c. * | _____ | _____ |

Second Qualifying Examination as Needed

Date of Second Qualifying Examination: _____

| | | | <u>Name</u> | <u>Signature</u> |
|----|----|--|-------------|------------------|
| a. | b. | | _____ | _____ |
| a. | b. | | _____ | _____ |
| a. | b. | | _____ | _____ |
| a. | b. | | _____ | _____ |
| a. | b. | | _____ | _____ |

*If box "c" is appropriate, please agree as a committee on the conditions. Write these on a separate sheet and attach.

**Reexamination is not an option after a second examination.

(Advisor please send copies to the student, Ph.D. program advisor, and Qualifying Examination Committee members.)

Green form from College office

REGIONAL PLANNING PH.D. PROGRAM
Certification of Candidacy for the Ph.D. in Regional Planning

Date of Qualifying Examination: _____

Student: _____ Advisor: _____

Area of Specialization: _____

The undersigned have individually examined this student's record of performance in graduate study and administered a written and oral Qualifying Examination. We respectively recommend that the student (check proper box below):

- (a.) be accepted as a Ph.D. candidate in the program;
- (b.) not be accepted as a Ph.D. candidate;
- (c.) be reexamined when the conditions indicated in the attached sheet are met.*

| | | | | <u>Name</u> | <u>Signature</u> |
|----|----|-----|-------|-------------|------------------|
| a. | b. | c.* | _____ | _____ | _____ |
| a. | b. | c.* | _____ | _____ | _____ |
| a. | b. | c.* | _____ | _____ | _____ |
| a. | b. | c.* | _____ | _____ | _____ |
| a. | b. | c.* | _____ | _____ | _____ |
| a. | b. | c.* | _____ | _____ | _____ |

Second Qualifying Examination as Needed

Date of Second Qualifying Examination: _____

| | | | | <u>Name</u> | <u>Signature</u> |
|----|----|--|-------|-------------|------------------|
| a. | b. | | _____ | _____ | _____ |
| a. | b. | | _____ | _____ | _____ |
| a. | b. | | _____ | _____ | _____ |
| a. | b. | | _____ | _____ | _____ |
| a. | b. | | _____ | _____ | _____ |

*If box "c" is appropriate, please agree as a committee on the conditions. Write these on a separate sheet and attach.
 **Reexamination is not an option after a second examination.
 (Advisor please send copies to the student, Ph.D. program advisor, and Qualifying Examination Committee members.)

Green form from College office