

REPORT ON PREQUALIFYING REVIEW FOR THE DOCTORAL DEGREE

Each doctoral student is required to pass a Prequalifying Review **conducted by at least three faculty members. The Prequalifying Review must be completed before or by the time a student applies for the oral Qualifying Examination.**

NAME _____ DEGREE _____

PROGRAM _____ FACULTY COUNSELOR _____

ED.D DEGREE PREQUALIFYING REVIEW APPROVAL:

The student named above has satisfied requirements for a Prequalifying Review by completing two position papers and a dissertation prospectus.

The papers were read and approved by (reader's signatures are required unless division sign-off form are attached)

Comprehensive Examination (for POME students only) _____
Date passed _____

1st Paper Title: _____

Reader 1: _____ Reader 2: _____

2nd Paper Title: _____

Reader 1: _____ Reader 2: _____

Prospectus Title: _____

Faculty Counselor Approval: _____

PH.D DEGREE PREQUALIFYING REVIEW APPROVAL:

The student named above has satisfied requirements for a Prequalifying Review by completing two position papers and a dissertation prospectus.

The papers were read and approved by (reader's signatures are required unless division sign-off form are attached) and meet all area/program requirements:

1st Paper Title: _____

Reader 1: _____ Reader 2: _____

2nd Paper Title: _____

Reader 1: _____ Reader 2: _____

3rd Paper* Title: _____

Reader 1: _____ Reader 2: _____

Prospectus Title: _____

APPROVALS:

Faculty Counselor _____ Date _____

Area/Program _____ Date _____

Head Graduate Advisor _____ Date _____

* If required by your Area/Program (6/10)