

Doctor of Philosophy Program in Nursing Science

International Program

Qualifying Examination Request Form

Student's Name: (Mr./Miss/Mrs./Title) **Last name:**

Student's ID No.: **Academic Year:**.....

I have finished all course work and ready to take Qualifying Examination on

Time of Examination **First** **Second** **Third**

Date Month Year/...../.....

Signature.....

(.....)

Ph.D. Student

Date.....

Approved by

Signature.....

(.....)

Academic advisor

Date.....

Signature.....

(.....)

Director of Ph.D. Program in Nursing Science

Date.....