

University of North Texas
College of Information, Department of Learning Technologies

ATPI / LT

Doctoral Written & Oral Qualifying Examination Application

EdD / PhD

| | | |
|---------------|------------|-----------------------|
| Last Name | First Name | UNT ID # |
| Address | City/State | Zip |
| Major / Minor | Home Phone | Work/Cell Phone |
| | | UNT EUID (for e-mail) |

Examination date: _____

Instructions:

(X) the exam(s) to be taken: Major Minor/Cognate Research/Statistics Question(s)

Applicants should obtain signatures and then deliver this form to the Department.

The Program will notify the student of the results of the exam and the date of the oral examination if applicable.

Pre-requisites for submitting application and sitting for the Qualifying Exam:

- *ALL Incomplete Grades (I) in required courses are removed and grades are posted;
- *Student has passed the Admission Exam (if exam is required for the Program) and is fully admitted to the Program;
- *A copy of the signed degree plan is on file in the Department and/or Advising Office;
- *Student has completed all courses or is enrolled in the final semester of coursework;
- *Tool subject courses are completed (Ph.D. only); and
- *Residency Established.

_____ *Doctoral Student, initial to the left "I certify that I have fulfilled the above requirements and am eligible to sit for the Qualifying Exams." Applications that are not initialed will be returned to the student.*

Committee Member Information:

| | | |
|-------------------------|--|--|
| | | <input type="checkbox"/> <i>Co-Major Professor</i> |
| <i>Major Professor</i> | | <input type="checkbox"/> <i>Minor</i> |
| | | <input type="checkbox"/> <i>Cognate</i> |
| Academic Dept. | | Academic Dept. |
| Phone # | | Phone # |
| E-mail Address | | E-mail Address |
| <i>Committee Member</i> | | <i>Committee Member</i> |
| Academic Dept. | | Academic Dept. |
| Phone # | | Phone # |
| E-mail Address | | E-mail Address |

| | | | |
|---------------------------|------|--|------|
| Student Signature | Date | Co-Major/Minor/Cognate Professor Signature | Date |
| Major Professor Signature | Date | Program Coordinator Signature* | Date |
| | | <small>*Signature approves compliance of procedures, not content of dissertation</small> | |

RESULTS OF THE WRITTEN AND ORAL QUALIFYING EXAM

This student has successfully completed all parts of the Written and Oral Qualifying examination and is eligible to proceed with the dissertation proposal

Major Professor: _____ **Date:** _____