

MUII Qualifying Exam Request Form

Student Name
Student ID
Faculty Advisor

Courses Completed at MU

Course No.	Course Title	Instructor	Term	Grade

QE Committee Member Information

	Name	MUII Affiliation/Tenure Dept	Email Address
Committee Chair			
Outside Member			
Committee Member			
Committee Member			
Committee Member			
Committee Member			

Student Signature _____

Advisor Signature _____

DGS Signature _____