UNIVERSITY OF KENTUCKY
The Graduate School

RECOMMENDATION FOR QUALIFYING EXAMINATION

NAME: _____ **SOCIAL SECURITY #**: _____/____/_____
Last First M.I.

CURRENT ADDRESS: _____

E-MAIL ADDRESS: _____ **TELEPHONE #**: _____

PROGRAM: _____ **DATE OF REQUEST**: _____

DATE OF EXAMINATION: _____ **TIME OF EXAMINATION**: _____

SITE OF EXAMINATION: _____ **DEGREE SOUGHT**: _____

ADVISORY COMMITTEE:

CORE MEMBERS		ACADEMIC PROGRAM
1. _____	(MAJOR PROFESSOR)	_____
2. _____	CO-CHAIR? ☐ YES ☐ NO	_____
3. _____		_____
4. _____		_____
OTHER MEMBERS		
5. _____		_____
6. _____		_____
7. _____		_____

SIGNATURE: _____
Director of Graduate Studies

10/04

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Clear Form