

Graduate School

Report on Qualifying Exam/Request for Applicancy Submit typed original and one copy

Name					
Student ID	Program				
Date	Date of Qualifying Exam				
Signatures of C	ommittee (minimum of three): Result of I Pass	E xaminatio Fail			
Nomination of Special Advisory Committee					
Co-Major Profes			ittee Member		
Co-Major Profes		Comm	ittee Member		
Committee Mem		Comm	ittee Member		
Subject or field of dissertation, if known:					
Curriculum: 1. Attach a list of degrees held with institutions and dates. 2. Attach a list of graduate credits completed at UNO, a list of credits in progress at UNO, and a list of credits completed at other institutions which are pertinent to the doctoral program. 3. Attach a list of credits to be taken.					
Summary in Semester Hours					
	Credits earned and in progress	at UNO			
	Credits earned elsewhere				
	Credits to be taken	T. 4.1			
I hereby petition the Graduate School for admission for applicancy					
Co-Major Profe	essor Date		Co-Major	r Professor	Date
Graduate Coordinator Date			Departme	Department Chair Da	

Dean of the Graduate School

Date