

University of California, Berkeley • Graduate Division  
**Application for the Qualifying Examination**

Doctoral students who are preparing to take the Qualifying Examination (QE) must submit this application at least three weeks prior to the proposed date for the examination. Students must be registered for the semester in which the examination is held. If the student has been formally admitted to one of the approved Designated Emphasis (DE) programs on campus, the Head Graduate Adviser of the DE must also approve this application. Submit the completed application to Graduate Degrees, 302 Sproul Hall #5900, University of California, Berkeley, Berkeley, CA 94720-5900. Direct questions to [degrees@berkeley.edu](mailto:degrees@berkeley.edu) or call (510) 642-7330.

S.I.D. # \_\_\_\_\_ Major: \_\_\_\_\_ Proposed exam date: \_\_\_\_\_

Designated Emphasis (if applicable): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
(Appearing on student records.) (Last, first, middle)

Local address: \_\_\_\_\_ Phone number: (     ) \_\_\_\_\_  
(Number, street, city, zip code)

**Subject areas.** At least three subject areas must be listed, including the general field and the nondepartmental fields of knowledge in which the candidate will be examined. Incomplete applications will be returned to the department.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Proposed committee members** to conduct the qualifying examination(s) are:

_____	_____
Qualifying exam chair and department	Committee member and department
_____	_____
Committee member and department	Committee member and department
_____	
Committee member outside the department	

Proposed faculty member primarily in charge of the dissertation research: \_\_\_\_\_

Designated Emphasis representative(s) (if applicable): 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Foreign language requirement.** The foreign language requirement, *if appropriate*, must be satisfied prior to admission to the qualifying examination(s). I hereby certify that the foreign language requirement has been fulfilled.

Language: \_\_\_\_\_ Date completed: \_\_\_\_\_

Language: \_\_\_\_\_ Date completed: \_\_\_\_\_

Signature of Head Graduate Adviser, Major \_\_\_\_\_ Date \_\_\_\_\_

Signature of Head Graduate Adviser, Designated Emphasis (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**This section for Graduate Division use only**

Registration status: \_\_\_\_\_ Approval date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Expiration date: \_\_\_\_\_