## Counseling Psychology Program - Department of Educational Psychology DOCTORAL QUALIFYING EXAM REGISTRATION FORM

Complete this form electronically, then have your dissertation chair sign at bottom.

Name:	e: Date:	
I inten	nd to take prelims during (semester and year):	
E-mail	il Address for Written Prelim Question Distribution:	
,	you previously taken prelims: <b>yes no</b> If yes, have you submitted a remediation plan: yes no  Continue to 5 & 6.	_
To be	e eligible to take the counseling psychology prelim exam, you m	nust have completed the following:
1.	Successfully Completed Pre-Dissertation Research Project Date approved Pre-Dissertation Research Project or thesis (final	
2.	I have taken all of the required core courses outlined in the Pre	lim Guide: <b>yes no</b>
3.	Organized a Doctoral Supervisory Committee (Page 2) Date Submitted to and/or approved by Department: (May be pending. Turn in <i>copy</i> of completed materials with this	s form.)
4.	Filed your Program of Studies for the Ph.D. Degree (Pag Date accepted by Department: (May be pending. Turn in <i>copy</i> with this form.)	e 3)
5.	Do you have any outstanding incompletes on your course of study?  Further, do you have any incompletes that have turned, by default, to an E grade, nor any grades below a B- minus in a required course: yes no  If yes, explain on a separate sheet and include confirmation of request of grade change.	
6.	Endorsed to take the Prelim Exam by your advisor (pend	ling completion of above)
	Dissertation Chair's Signature:	
		Date

If retaking one or more exam items, attach approved remediation plan and letter documenting your adherence to that plan, along with your advisor's approval of the plan.

Return this form, supporting documentation as noted above, and an Unofficial Transcript to the Prelim Director electronically (zac.imel@utah.edu) and to JoLynn Yates (jo.yates@utah.edu) by date specified.

## **STUDENT'S SUPERVISORY COMMITTEE:**

Doctoral supervisory committees consist of five faculty members, the majority of whom must be tenure-line faculty in the student's major department. One member of the supervisory committee must be from another department.

<u>COMMITTEE:</u>		
Chair	 	
Member		
Member		
Member	 	
Member		

## Department of Educational Psychology Doctoral Degree Program of Study

Due at the beginning of the intended semester of graduation Turn Form into the Department of Educational Psychology

Full Name:		UofU ID#:		
Program:				
	npleted at the end of: Semester:	Year:		
sertation Title:				
		Defense Date:		
Supervisory Committee:		Member:  Member:		
Member:				
Member:		For Office Use ONLY: Submitted Online:		
Semester & Year Taken	Department & Course No. and Section	Course Title	Sem. Hours	
	and Section			

Semester & Year Taken	Department & Course No. and Section	Course Title	Sem. Hours