

THIS FORM MUST BE SIGNED BY THE ADVISOR BEFORE SUBMISSION TO EDUCATIONAL PSYCHOLOGY STAFF, UNLESS THE ADVISOR PROVIDES INSTRUCTIONS VIA E-MAIL.

QUALIFYING EXAMINATION INFORMATION SHEET

Student Name _____ Advisor Name _____

Type of Exam: General Field Special Field Exam format: Take-Home Sit-Down Portfolio

For take-home exam, please provide:

Date student can pick up exam question(s) _____ Pick-up time, if specific: _____

Return date: _____ Return time, if specific: _____ Are reference materials allowed? Y N

If Y, please specify: _____

For sit-down exam, please provide:

Date and time of exam: _____ Will student pick up exam question(s) in 226 Ed before the exam? Y N

Return time: _____ Who will bring completed exam to 226 Ed? _____

Are reference materials allowed? Y N If Y, please specify: _____

For portfolio exam, please provide: Date and time of exam _____ Location: _____

Special or additional instructions:

For all exam formats, please provide name and department of each reader:

Reader 1: _____ Department _____

Reader 2: _____ Department _____

Reader 3: _____ Department _____

Distribution of exam results: Please select one of the following options or specify a different one:

- Give me the grade sheets and comments to give to the student.
- E-mail the grades to me to inform the student and put the grade sheets and comments in the student's mailbox.
- E-mail the grades to me, e-mail the student, and put the grade sheets and comments in the student's mailbox.
- Other: _____

One last question: Do you want your own file copies of your advisee's grade sheets? Y N

ADVISOR SIGNATURE: _____