

## Doctoral Qualifying Examination Application

Please complete this form and submit it to the chair of the Graduate Committee along with a list of graduate courses completed at Marquette University.

### Student's name

Area

Advisor

### Proposed dates of examination

### Language requirements fulfilled (as applicable)

#### Classical

Greek            Date fulfilled  
Hebrew          Date fulfilled  
Latin            Date fulfilled  
Other            Date fulfilled

#### Modern

French            Date fulfilled  
German          Date fulfilled  
Other            Date fulfilled

### Proposed topics for examination

Major area

Topic 1

Topic 2

Topic 3

Minor area

Topic

Minor area

Topic

### Proposed examination committee

1.            , committee chairperson
- 2.
- 3.
- 4.
- 5.
6.            , alternate
7.            , alternate
8.            , alternate

Signature of Advisor

Date