



WAYNE STATE
College of Education

Graduate Education Office
489 Education
5425 Gullen Mall
Detroit, Michigan 48202
313-577-1606
313-577-7904

**Doctor of Philosophy and Doctor of Education
Qualifying Examination Registration Form**

Directions: This form must be completed and returned to Academic Services no later than the deadline date published on the Qualifying exam website. Failure to meet the deadline may disqualify you from taking the exam. Print or type all information on this form.

If retesting, select one: Written Oral

1) Name, contact and program information:

Name: _____ WSU (Number or Access ID): _____
(first, middle initial & last)

Email: _____ Primary Phone (Include area code) _____

Name of Major: _____

Name of Cognate (if applicable): _____

Program: Doctor of Education (Ed.D.) Doctor of Philosophy (Ph.D.)

2) Testing Options: *Both sections are completed by the Major Advisor*

a. The student will test in the cognate The student will not test in the cognate.

b. Traditional Exam Take-Home Exam

Signature of Major: Advisor: _____

The major advisor will make the final approval regarding testing in the cognate and the format option for the exam (if an option is available for your program).

Traditional Only

Counseling: Counseling Psychology; Educational Evaluation and Research; Educational Psychology; and Learning Design and Technology.

Traditional or Take-Home

Curriculum and Instruction; Educational Leadership and Policy Studies; Educational Studies; Kinesiology; Reading, Language and Literature; and Special Education.

3) Oral Examination: Date, Time and Room Number

The student and all committee members must agree to the date and time of the oral examination. **Contact the Divisional Testing Coordinator to schedule a room for the Oral Exam. The Divisional Testing Coordinators contact information is available online at the Qualifying Exam website.**

Date: _____ Time: _____ Room: _____

4) Qualifying Examination Committee (QEC) Membership:

The committee must consist minimally of three graduate faculty members from the major department (College of Education), at least two of whom hold a Regular Graduate Faculty Appointment (RGFA) valid through the completion of the Qualifying Examination period. The major advisor must be one of the two members with a valid RGFA.

For the Traditional Exam, please indicate the number of questions you will be submitting (if any).

1) Major Advisor

I agree to serve as the Major Advisor, Chair of the QEC, and as the Graduate Examiner; and I agree to the date and time of the Oral Exam. In additional, I confirm that I have a Regular Graduate Faculty Appointment valid through the Qualifying Examination period.

Graduate Faculty Appointment: _____ Number of Questions: _____

Name: _____ WSU Access ID: _____

Signature: _____ Email: _____ Date: _____

2) Graduate Faculty Member from the Major Department (College of Education)

I agree to serve as a member of the QEC, and I agree to the date and time of the Oral Exam.

Graduate Faculty Appointment: _____ Number of Questions: _____

Name: _____ WSU Access ID: _____

Signature: _____ Email: _____ Date: _____

3) Graduate Faculty Member from the Major Department (College of Education)

I agree to serve as a member of the QEC, and I agree to the date and time of the Oral Exam.

Graduate Faculty Appointment: _____ Number of Questions: _____

Name: _____ WSU Access ID: _____

Signature: _____ Email: _____ Date: _____

4) Cognate or Additional Graduate Faculty Member (a cognate faculty member is required for students testing in the cognate).

I agree to serve as a member of the QEC, and I agree to the date and time of the Oral Exam.

Graduate Faculty Appointment: _____ Number of Questions: _____

Name: _____ WSU Access ID: _____

Signature: _____ Email: _____ Date: _____

5) Students with Disabilities

____ Testing Accommodations Required

If testing accommodations are required, please select the box above and attach the Educational Accessibility Services Accommodations Request form (required). Late submission of the Accommodation Request form will postpone the Final Qualifying Examination to the next available term.

6) Response Format

____ Take-Home Exam – Check the box acknowledging that the response must be completed on a computer or similar device and submitted electronically to the major advisor.

Traditional Exam (select one of the three options below)

____ 1) Computer – Windows Operating System. ____ 2) Computer – MacIntosh Operating System

All students will use computers available in either a Mac Operating System or a Windows Operating System.

It is recommended that you familiarize yourself with the computers and the version of Microsoft Word in the Education Technology Center (114 Education Bldg.).

Do not bring any storage device (e.g., disks, flash drives, etc.).

____ 3) Hand-Written (not using a computer). Check the box acknowledging the terms for hand writing the exam as stated below.

I have verified with my Major Advisor and each committee member that hand writing the exam is acceptable. I understand that when the hand-written copy is not legible to the reader, I will be

requested to resubmit the exam typed. I will be provided a copy of the hand-written response (the original is kept in the department) and I will then either type the response myself or have it typed by someone else at my expense. I understand the typed response is intended to be a copy of the hand-written response with no changes permitted except to spelling.

7) Agreement

I agree to the committee membership, date, and time of the Oral Examination as listed on page 2. In addition, I have read and agree to the Policies and Procedures for the Final Qualifying Examinations for the semester in which I am taking the exams.

Student's Signature: _____ Date: _____