

University of Oklahoma Health Sciences Center

**GRADUATE COLLEGE**



**APPLICATION FOR THE GENERAL EXAMINATION FOR THE DOCTORAL DEGREE**

This application must be signed by the applicant and all members of the Examining Committee and submitted to the Graduate College at least (10) working days prior to the examination. THE GENERAL EXAMINATION MUST BE COMPLETED WITHIN SIX (6) MONTHS OF THE DATE LISTED ON THE APPLICATION OR THE EXAMINATION MAY BE CONSIDERED A FAILURE.

Degree: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Graduate  
Department \_\_\_\_\_

I hereby apply to the Graduate College for permission to start the General Examination.

Month, Day and Year \_\_\_\_\_

Candidate: \_\_\_\_\_

Student ID: \_\_\_\_\_

1. If there are special requirements, i.e., language or research "tools", please list and provide documentation if not acquired through course work completed at OUHSC.

2. List any changes from the Report of the Advisory Conference. If none, write none. \*

\* Must attach documentation to the Graduate College supporting all course substitutions, petitions and waivers from the approved Report of the Advisory Conference granted by the department

**Signature of Candidate** \_\_\_\_\_

We, the members of the above named student's Examining Committee, have examined this application and recommend that the student be permitted to appear for the General Examination.

\_\_\_\_\_  
Please type Chair's name here

\_\_\_\_\_  
Chair Signature

\_\_\_\_\_  
Please type Committee Member's name here

\_\_\_\_\_  
Signature

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Please type Committee Member's name here

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Signature

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Signature

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Please type Committee Member's name here

\_\_\_\_\_  
Signature

\_\_\_\_\_  
If there is a sixth member, name here

\_\_\_\_\_  
Signature

\_\_\_\_\_  
**Signature of Graduate Liaison/Program Director**