**SECS Ph.D. Qualifying Exam Form**

**Student Name:**

**Faculty Name:**

**Office:**

**Phone Number:**

(Please provide a number that you can be reached during the exam in case the student has questions)

**Exam Date:**

**Exam Duration:**

**Exam Subject:**

**Exam Policy:** (Open/close book, cheat sheet, materials allowed, usage of calculators, etc. Please check all that apply.)

Open Book Closed Book

Open Notes Closed notes

Cheat Sheet ( pages)

Calculator Allowed

Others:

**Materials Collected:**

x Exam and Answer sheet

Cheat Sheet

Others: