**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: