REQUEST FORM FOR QUALIFYING EXAMS
PhD in Systems Engineering and Operations Research ONLY

Student name: _____

Address, City, State & Zip: _____

Phone Number(s): _____

Email: _____

Student ID: _____

Date: _____

The exams are offered Monday-Friday, 4:30-6:30 p.m. and Monday-Friday, 7:00-9:00 p.m.

Qualifying Exams you wish to take:

_____   _____

_____   _____

Notes:
1. Each student must take the following four exams within two years of enrolling in the program:

   - SYST 505 Systems Engineering Principles
   - SYST 520 Systems Engineering Design
   - OR 541 Operations Research: Deterministic Models
   - OR 542 Operations Research: Stochastic Models

2. A student who passes three of the four exams in the first attempt must retake and pass the failed exam within one year. A student who passes fewer than three exams in the first attempt must retake and pass an entire set of four exams within one year. After two unsuccessful attempts, a student is dismissed from the PhD program.
3. You will be contacted two weeks before the exams with a schedule of which exam will be offered in each of the time slots.
4. Exams are offered twice a year, in the week immediately preceding the Fall and Spring semesters.
5. This form is due two months before the week the exams are offered.
6. Abide by the Honor Code when taking this test.

Qualifying Exam Policy:

Students are allowed to withdraw from exams with no reason ten days before the exam. Once this time limit has passed, students with circumstances beyond their control, i.e., illness, car accident, family illness, or family issues, are required to notify the program director at the earliest possible time and provide documentation to support their claim. The student will then be allowed to take the exam at the next available testing date. If the student is a no show for the exam or hasn't contacted the program director to be excused, the student will automatically fail the exam. By signing below, you understand and will abide by this policy.

Student signature:_____

Advisor signature:_____

Approval:_____
SEOR Ph.D. Program Director