

**Request to Admit Candidate to Qualifying Examination**

**Doctor of Public Administration and Public Affairs Program  
Center for Public Administration and Policy**

<b>Name:</b>	
<b>Student Number:</b>	
<b>Examination Term and Year:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year: 20____	
<b>Examination Area(s):</b> <input type="checkbox"/> Theory/Context <input type="checkbox"/> Organizations <input type="checkbox"/> Management <input type="checkbox"/> Policy <input type="checkbox"/> Normative Foundations	
<b>Student Signature:</b> _____ <b>Date:</b> _____	
In signing here, the student affirms that s/he has completed and received final grades in all Foundation courses plus PAPA 6514 or the equivalent, and that s/he has an approved Plan of Study on file with CPAP and the Graduate School.	
<b>Examination Area:</b>	<b>Result:</b>
_____	_____
_____	_____
_____	_____
<b>Names of Participating Faculty:</b>	
_____	
_____	
_____	
<b>Qualifying Examination Result:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
_____	_____
Chair, Associate Chair, or other verifying Faculty signature	Date