

**Ph.D. CANDIDACY EXAMINATION VARIANCE
COLLEGE OF EDUCATION AND HEALTH PROFESSIONS**

Note: Advisory Committees who wish to administer the Ph.D. Candidacy Examination at a time other than the times published by the College of Education and Health Professions should submit this form **two weeks** in advance of anticipated administration date.

Student's Name

Identification Number

Address

Campus Phone Number

City, State Zip

Home Phone Number

Degree Field (Circle): CIED CNED HLSC KINS RHAB

Suggested Dates/Times (12 hours over a minimum of two days):

Date

_____ to _____
Times

Date

_____ to _____
Times

Date

_____ to _____
Times

Date

_____ to _____
Times

Testing Room Location: _____

Approvals:

Advisor Signature

Date

Department Head/Graduate Coordinator

Date