

EXAMINATION DATE \_\_\_\_\_

Educational Doctorate Degree  
Department of Educational Leadership  
Application for Educational Leadership Qualifying Examination

NAME \_\_\_\_\_ Z # \_\_\_\_\_

ADDRESS\* \_\_\_\_\_

\_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

K-12 \_\_\_\_\_ AD/CE \_\_\_\_\_ HI ED \_\_\_\_\_

Signature of Advisor \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Graduate Student must have:

\_\_\_\_\_ (check here) Program Plan signed by Advisor and Chair.

Please return this completed form to the Department of Educational Leadership ED 258.