

Waiver request for the Doctor of Philosophy Qualifying Examination

Date: _____

I _____, Sooner ID: _____
am a doctoral student and would like to request a waiver for the qualifying examination. Please review
my attached thesis and indicate your decision below.
Thank you.

signature

~~~~~  
*Advisor must indicate how the student has met the requirements of the qualifying examination:*

\_\_\_\_\_  
Advisors signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Liaisons signature

\_\_\_\_\_  
Date