

Syracuse University - School of Education

Application/Registration for C.A.S. or Doctoral Qualifying Examination

Return to 270 Huntington Hall

Circle Program of Study:

C.A.S.

Ed.D.

Ph.D.

Name: _____ SUID: _____

Program of Study: _____ Faculty Advisor: _____

Mailing Address: _____

Phone: _____ E-mail: _____

Examination Date(s):

1) PROGRAM AREA: _____
(6 half- days; or with minor, 4 half- days) (C.A.S. - 2 half- days)

2) MINOR AREA (If applicable): _____
(2 half- days)

Student's signature _____ **Date** _____

TO BE COMPLETED BY ADVISOR:

Date

The Applicant has been approved for candidacy _____

Program of Study filed _____

Apprenticeship Report/ Practicum Report filed _____

Faculty advisor signature _____ **Date** _____

Minor advisor signature (if applicable) _____ **Date** _____