

College of Education, Health, and Human Sciences
Doctoral Diagnostic/Qualifying Examination

The diagnostic/qualifying exam is designed to assess the student's suitability for pursuit of the Doctor of Education or Doctor of Philosophy degree and to facilitate counseling in the development of the student's program of study. Students admitted to a doctoral program (Doctor of Education or Doctor of Philosophy degree) in the College of Education, that requires a diagnostic/qualifying exam, must successfully complete the departmentally administered diagnostic/qualifying examination before the end of the second semester after admission.

Academic departments/programs that require a Doctoral Diagnostic/Qualifying Examination must complete this form to document each attempt of a students' doctoral diagnostic/qualifying examination. The completed form is required to be submitted to the Office of Academic Services and Intern Support (OASIS) after each exam attempt. **Authenticated electronic signatures are required on forms.** Authenticated electronic signatures are obtained via DocuSign submission to all required signers. The form submission process is found at <https://cehhs.fsu.edu/oasis/graduate-students>. .

A failed attempt of the Doctoral Diagnostic/Qualifying Examination may result in the student becoming ineligible to continue in the doctoral degree program. Please consult the department or program-specific *Graduate Handbook* for exam policies. Students enrolled in academic departments that require registration in a Diagnostic or Qualifying Exam course (0-credit) must also be registered separately for each exam attempt and they must receive either a "pass" or a "fail" grade for **each** attempt.

PLEASE COMPLETE THE INFORMATION BELOW – Form Fields Must Be Typed

Student Name: _____ EMPLID: _____

Department: _____ FSU Student Email: _____

Current Doctoral Committee Composition:

(Co)Major Professor Name: _____ (Co)Major Professor Name: _____

Committee Member Name: _____ Committee Member Name: _____

Committee Member Name: _____ Committee Member Name: _____

Committee Member Name: _____ University Representative Name: _____

Date of Doctoral Diagnostic/Qualifying Examination Attempt #1: _____ Pass Fail

Date of Doctoral Diagnostic/Qualifying Examination Attempt #2: _____ Pass Fail

Student Signature: _____ Date: _____

(Co-)Major Professor Signature: _____ Date: _____

(Co-)Major Professor Signature: _____ Date: _____

For OASIS use only.

OASIS Staff Signature: _____ Date: _____