



Application for the Qualifying Examination for the Degree of Doctor of Educational Leadership at CSUSB

This form must be completed one month prior to the date of the Qualifying Examination. If you are using the web form, once completed and signed by you, it will be automatically sent to the appropriate parties. However, if you are using the PDF version, complete the top section of the form and sign it. Finally, email the form to edd@csusb.edu for the Program Specialists signature. Kindly ensure that the COMPLETED form is sent to edd@csusb.edu. If you request signatures via Adobe Sign, please CC edd@csusb.edu, but DO NOT request signatures from edd@csusb.edu through Adobe Sign. If you need assistance, please contact our office at edd@csusb.edu.

Part I. Completed by the Student

Student Name _____ Student ID# _____ Cohort#: _____

I, _____, believe that I have fulfilled all the requirements to be eligible to take the Qualifying Examination and am hereby applying to take the Qualifying Examination.

Student Signature

Date

Part II. Completed by the Program

There are no incomplete grades listed on the transcripts of the student listed above. The student is in good academic standing. The student has completed _____ semester units toward the doctoral degree and has a current cumulative grade point average (GPA) of _____.

Based on the completion of all core courses, a satisfactory GPA, and the student's good academic standing, I approve the student listed above to take the Qualifying Examination.

Signature, Ed.D. Program Specialist

Date