

Syracuse University - School of Education

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

Return to Suite 230, 111 Waverly Avenue

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):

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

Student's signature _____ **Date** _____

TO BE COMPLETED BY ADVISOR:

	<u>Date</u>
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** _____