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Qualifying/Candidacy Exam Request Form

Student Name:					V00					
Requ	Requested Exam:									
Scheduling: pick a standard month □ Jan			an		May		Aug			
	(or write	e in a different month _)		year 20			
	dates in my chosen month that I am NOT available are									
	other te	er terms/months I am willing (if applicable)								
Plans	5 :									
	This would complete my candidacy, the deadline for which is									
or	I need to complete more exams and the tentative plan is									
Signature:				Date:						
Super	visor Na	ime:								
Signature:				Date:						

OFFICE USE ONLY		
Exam Date:	Location:	
Invigilator:	Marker:	
Exam Received:		