

REGISTRATION FOR PRELIMINARY EXAMINATIONS

NAME _____ KUID _____

DAYTIME PHONE _____ E-MAIL _____

FLORS FULFILLED List courses, dates and language proficiency option:

POLS 706 _____ Semester _____

POLS 707 _____ Semester _____

OTHER RELEVANT COURSES: _____

_____ Semester(s) _____

LANGUAGE OPTION _____

Semester(s) taken _____

RESIDENCY FULFILLED: List semesters, credit hours enrolled, GTA/RA appointments: full-time enrollment is 9 credit hours, Fall & Spring, 6 credit hours in Summer; or 6 credit hours Fall and Spring with 50% GTA/RA appointment.

1st Semester _____

2nd Semester _____

SUBFIELDS	MAJOR I	MAJOR II	MINOR
Completed	_____	_____	_____
courses in	_____	_____	_____
each field:	_____	_____	_____
	_____	_____	_____

I wish to take the following preliminary examinations:

1. _____

2. _____

ADVISOR'S NAME _____

ADVISOR'S SIGNATURE _____

STUDENT'S SIGNATURE _____

CURRENT DATE _____