

Indiana University
Computer Science
School of Informatics, Computing, and Engineering

Qualifying Examination Schedule Form

Student Name: _____ University ID: _____ Admit Term: _____

Core Requirement Completed (yes or no): _____

Minor: _____ Minor Completed (yes or no): _____

Date Exam Given: _____ Date Exam Due: _____ Date of Oral Exam: _____

Qualifying Examination

Per the University Graduate School, the qualifying examination shall cover the major subjects and may, at the discretion of the minor department, cover the minor subjects as well. Students have three months to prepare for the exam. If failed, the exam may be retaken once. Students that fail the exam may be encouraged to apply for degree conferral of the CS MS.

Advisory Committee Chair: _____ Signature: _____ Date: _____

Computer Science Graduate Studies Office

Director of Graduate Administration: _____ Signature: _____ Date: _____

Submit completed and signed request to Luddy Hall, Room 1113 | Email to sicecsiu@indiana.edu