



**Doctor of Social Development Program  
APPLICATION FOR QUALIFYING EXAM**

\_\_\_\_\_ Date

The Director  
DSD Program

Dear \_\_\_\_\_,

I would like to take the DSD Qualifying Exam scheduled on \_\_\_\_\_ .

I have completed 12 units of the DSD core courses as of \_\_\_\_\_ with a GWA of \_\_\_\_\_ .

DSD Courses	Date Taken	Grade
SD 301		
SD 302		
SD 303		
SD 304		

Truly yours,

\_\_\_\_\_  
(Printed Name and Signature)

Certified Correct:

\_\_\_\_\_  
Student Records Officer

**Action of the DSD Committee:**

\_\_\_\_\_ Approve                      \_\_\_\_\_ Disapproved

Remarks: \_\_\_\_\_

\_\_\_\_\_  
DSD Program Director