Student	ID	Number:		
Student	\mathbf{H}	municei.		

MS Qualifying Examination <u>INTENT</u> Form Environmental Sciences Program, Master of Science

This form must be submitted before the end of the 2^{nd} semester and at least 14 days before the exam. If reexamination is required, this form must be resubmitted.

I hereby declare my intention	to take the Qua	alitying Examina	ition for the MS degr	ree in Environmenta	l Sciences.
EXAMINATION					
Specialty Area		Name of Test Administrator		Intent Date	
Oral (typically)	Wri	ritten	Oral and Writte	en	
CONDITIONS OF EXAM (tim	e limits, locatio	on, etc.)			
Administered by: Full (Committee (pre	eferred) Po	ortion of Committee	Non-commi	ttee member(s)
Test to be administered by:					
Name (print)		Signature			Date
Name (print)		Signature			Date
Name (print)		Signature			Date
Name (print)		Signature			Date
Name (print)		Signature			Date
Name (print)		Signature			Date
Name of Student (print)		Signature			Date
Name of Program Director (pi	 rint)	Signature			Date