

Higher Education Doctoral (Ed.D.) Program University of Arkansas

HIED Doctoral Candidacy Exams Application 2019-2020

Name:	ID#:
Address:	
Cell Phone: () Work Phone:	
Email:	_
CSD Accommodation Needed: ☐ Yes ☐ No (If yes, submit required documentation)	
Expected Month to Begin Written Exam:	Year
Exam Format: Change Initiative Research Pap	oer □ Scholarly Paper
Advisory Committee Members:	
Advisor Committee Chair Signature:	Date:
Student Signature: (Signing this application confirms that you have	Date:
(Signing this application confirms that you hav Advisory Committee Chair to take	

Return completed application to your advisor,