



**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