



TEXAS WOMAN'S  
UNIVERSITY

**Department of Family Sciences  
Qualifying Examination  
Student Application Form**

*Students should submit this application during the semester  
before the one in which they plan to sit for the exam.*

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TWU E-mail:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Program:**  Early Childhood Development & Education  
 Family Studies       Family Therapy

**Committee Chair:** \_\_\_\_\_ (Graduate Advisor)

**Semester in which you plan to sit for the exam:**

Fall       Spring       Summer      Year: \_\_\_\_\_

**Please indicate any accommodations that you require in order to complete the exam:**

*Note: If you anticipate the need for reasonable accommodations in order to complete the exam,  
you must first register with the office of Disability Support Services.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Students are strongly encouraged to review the section on  
Academic Integrity in the TWU Student Handbook.***

*In accordance with Leg. House Bill 1922, individuals are entitled to: request to be informed about the information collected about them, receive and review their information, and correct any incorrect information.*

Revised March 2018

**Department of Family Sciences**

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