

INDIANA STATE UNIVERSITY  
School of Graduate Studies

**APPLICATION TO TAKE THE PH.D. IN TECHNOLOGY MANAGEMENT  
PRELIMINARY EXAMINATION  
(WRITTEN COMPONENT)**

Name \_\_\_\_\_ ISU Student ID \_\_\_\_\_  
Last/Family First/Given

Date and Semester of Examinations: Written \_\_\_\_\_

Proposed Location of Examination \_\_\_\_\_

Home University: \_\_\_\_\_ Area of Specialization: \_\_\_\_\_

Semester of Residency: \_\_\_\_\_ / \_\_\_\_\_

Research Tool I - ITEC 6050: Semester/Grade \_\_\_\_\_ / \_\_\_\_\_  
COT 703: Semester/Grade \_\_\_\_\_ / \_\_\_\_\_

Research Tool II / Date Completed \_\_\_\_\_ / \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: Chairperson, Student's  
Program Planning Committee: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: Home University  
Program Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: Ph.D. Consortium Director: \_\_\_\_\_

Date: \_\_\_\_\_

---

Distribution: Program Planning Committee Chairperson, Home University Program Coordinator,  
Ph.D. Consortium Director, Student, and School of Graduate Studies  
Revised 4/09