Qualifying Exam/Comprehensive Exam Report For Doctoral Candidates

Name: ____________________________________ ID #: 800________

Degree/Major: _______________________________________________________

The above named student has: (Check one)       ______Passed        ______Failed
       _____Qualifying Examination On: Month______ Day_____ Year______
       _____Comprehensive Examination On: Month_____ Day_____ Year______

Re-Examination:

The above named student has: (Check one)       ______Passed        ______Failed
       _____Qualifying Re-Examination On: Month_____ Day_____ Year______
       _____Comprehensive Re-Examination On: Month_____ Day_____ Year______

Committee Signatures:

Chair: ______________________________________________________________
       (Print Name, Sign, and Date)

Member: __________________________________________________________________
       (Print Name, Sign and Date)

Member: __________________________________________________________________
       (Print Name, Sign and Date)

Member: __________________________________________________________________
       (Print Name, Sign and Date)

Member: __________________________________________________________________
       (Print Name, Sign and Date)

Graduate Program Director: ________________________________________________
       (Print Name, Sign, and Date)