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)

May 2014