

QUALIFYING EXAMINATION REPORT

STUDENT

It is the student's responsibility to ensure that an Application for Qualifying Exam was turned in and approved **prior** to submitting this report. Following your exam, your support staff should submit this form to Grad Services (gradservices@ucmerced.edu). **You will be notified with the link to complete the Advancement to Candidacy for the Degree of Doctor of Philosophy.**

Student Name: _____
Last First Student ID Number

Email Address: _____ Program: _____

Examination Date: _____

REPORT

Within 30 days of the examination date, the chair of the committee must submit to the Graduate Group Chair or his/her designee and the school's graduate support staff the Examination Report conveying information about the student's performance on each of the components covered during the examination.

Report of the Committee including details of the voting to pass or fail the student: *(Attach additional sheet if necessary)*

COMMITTEE

All members of the Qualifying Examination Committee must be present to vote on the exam and each member is expected to vote on the student's performance during the entire examination. Please sign and indicate your decision below. Changes to committee require submission and approval of the Request for Reconstitution form. The graduate support staff will then submit the Examination Report to the Graduate Division for processing.

Committee Chair's Printed Name _____ Date _____	Committee Chair's Signature _____ Date _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Retake Exam
Committee Member's Printed Name _____ Date _____	Committee Member's Signature _____ Date _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Retake Exam
Committee Member's Printed Name _____ Date _____	Committee Member's Signature _____ Date _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Retake Exam
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Committee Member's Printed Name _____ Date _____	Committee Member's Signature _____ Date _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Retake Exam

If applicable, the re-examination date is scheduled for:

_____ Date