



## QUALIFYING EXAMINATION REPORT

**STUDENT**

Changes to committee membership require submission and approval of the Request for Reconstitution of Committee Membership form. **Please complete the Advancement to Candidacy for the Degree of Doctor of Philosophy form upon passing the qualifying exam.**

Student Name: \_\_\_\_\_  
Last
First
Middle
Student ID Number

Email Address: \_\_\_\_\_ Current Program: \_\_\_\_\_

**Examination Date:** \_\_\_\_\_

**COMMITTEE**

This report must be completed immediately after the examination. Please forward the completed form to the Graduate Group Coordinator within 30 days of 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.

		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Retake Exam
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
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