EVALUATION OF QUALIFYING EXAMINATION

This form should be completed immediately after the Exam (which is required to be taken by the end of the fifth semester) and placed in the Graduate Administrators mailbox.

TO BE FILLED OUT BY STUDENT:

Student Name: ________________________________

Qualifying Examination Committee Chair Name:

____________________________

Qualifying Examination Committee additional members:

____________________________

____________________________

Area of Examination: ________________________________

Examination Date: ________________________________

TO BE FILLED OUT BY QUALIFYING EXAMINATION COMMITTEE CHAIR:

The student has (circle one): PASSED FAILED

Committee Report Summary:

Signature of Committee Chair: ________________________________

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