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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