Qualifying Exam

Ph.D. Degree

Name of Student_		Date			
Evaluation of S	Student Response				
To be completed by the Examination Chair at the conclusion of the Examination					
Evaluatio	n of Grant Proposal				
Evaluatio	n of Oral Comprehensive Exam				
Committee Recommendation (<i>Circle one</i>):					
Pass	Pass-With-Qualifications*	Recess*	Fail		
*If student passed with qualifications or the Exam was recessed, please list on the back of this page, the qualifications, plan of action, and/or date for the next meeting. Sign and submit form to the graduation secretary.					
	Committee Chair Sign and date when Qualification	s Complete	Date		

Committee Signatures:

Committee Chair	Date	Member	Date
Member	Date	Member	Date
Member	Date	Member	Date
	Graduate Coordinator	Date	

Signed form to be turned in to Graduate Secretary