

Report of PhD Qualifying Examination

Student name:

Report Title:

Exam Date:

FACULTY ACTION: **(Circle One)**

PASS

PASS PARTIAL ¹
With Required
Courses or Actions

FAIL ¹
With Required
Courses or Actions

FAIL

Committee Members (printed):

Signatures:

(Chair)

(Chair)

(Advisor)

(Advisor)

(1) Please indicate required course name, number, and title or required action