

**REPORT OF QUALIFYING EXAM RESULTS**

**Name of Student:**

**Date of Oral Exam:**

Committee members:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Print name	Signature	Pass	Fail

Committee Chairperson:

_____	_____	_____	_____
Print name	Signature	Pass	Fail

Research Advisor:

_____	_____	_____	_____
Print name	Signature	Pass	Fail

Comments: