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:

The student should submit the completed form to the graduate secretary in Cooke 109.