



RESULTS OF QUALIFYING EXAMINATION

IMPORTANT: After the examination, this form with signatures of committee members, including final outcome, should be delivered to the department or program office. The form is to be signed by the Director of Graduate Studies or Department Chair, copied for the department or program file, and submitted electronically to the Graduate School HERE as soon as possible.

TO: Associate Dean of the Graduate School

This is to inform you that

(Student's Name)

(Student's I.D. Number)

(Dissertation Adviser)

Date of Exam: _____

Date of Final Outcome: _____
(Could be same as Date of Exam)

Passed Failed

Department/Program: _____

Members of the Committee

Please Type Name:

Signature:

_____	, Chair	_____
_____		_____
_____		_____
_____		_____
_____		_____

Director of Graduate Studies: _____
Signature Date

Printed Name