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# RESULTS OF QUALIFYING EXAMINATION

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**IMPORTANT:** Immediately after the examination, this form with signatures of committee members should be delivered to the department or program office. The form is to be signed by the Director of Graduate Studies, copied for the department or program file, and forwarded to the Graduate School, 411 Kirkland Hall.

**TO:** Associate Dean of the Graduate School

This is to inform you that

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Student's Social Security/I.D. Number)

\_\_\_\_\_  
(Dissertation Advisor)

Passed

Failed

the qualifying examination on \_\_\_\_\_ .  
(Date)

Student's Major: \_\_\_\_\_

**Members of the Committee**

Please Type Name:

Signature:

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

Director of Graduate Studies: \_\_\_\_\_  
Signature Date