

## Report to the Graduate Division on the Qualifying Examination for Admission to Doctoral Candidacy

Go to [Information on Voting Procedures](#)

Date of examination: \_\_\_\_\_ Major: \_\_\_\_\_

Name of student:

Mr.  Ms.

S.I.D. number: \_\_\_\_\_

(Last, first, middle)

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

(Number, street, city, state, zip code)

### Committee members:

	Pass	Partial fail*	Fail	Signatures:
_____ (Chair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____ (Outside member)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

\*A written explanation must accompany this report.

Partial Attendance *Please note:* Lack of complete attendance must be fully explained in a separate memo to the Dean of the Graduate Division, including a statement indicating why it did not affect the outcome of the examination.

In case of a failed examination the following recommendation is required:

The committee  DOES  DOES NOT† recommend a re-examination. †A written explanation must accompany this report.

If the committee's recommendation for re-examination includes a suggestion for additional course work, special tutoring, or a partial re-examination on subjects where the candidate was deficient, this must be communicated to the candidate in **writing** with a copy to the Graduate Division.

- I certify that the information above is correct and that the student was registered at the time of the examination.
- I certify that the student has been informed about **human and animal subjects protocol** procedures, if applicable.

Signature of Qualifying Examination Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

- I am aware of the information above.
- I certify that the foreign language requirement, if appropriate, has been fulfilled.

Signature of Head Graduate Adviser: \_\_\_\_\_ Date: \_\_\_\_\_