

Qualifying Examination Approval Form

Student Name: _____ SID: _____

Primary Field of Study: _____

Secondary Field of Study: _____

Exam Committee

Primary field examiner: _____

Secondary field examiner: _____

Third examiner: _____

Qualifying Examinations*

Written exam in the primary field - Date: _____ Pass / Pass with Distinction / Fail

Rexamination, if needed - Date: _____ Pass / Pass with Distinction / Fail

Written exam in the secondary field - Date: _____ Pass / Pass with Distinction / Fail

Rexamination, if needed - Date: _____ Pass / Pass with Distinction / Fail

Oral exam - Date: _____ Pass / Pass with Distinction / Fail

Rexamination, if needed - Date: _____ Pass / Pass with Distinction / Fail

*The three parts exams must be administered over a period of no more than 15 days. Should the student fail any part of the exams, he/she will have until May 31 to retake the failed portion.

Qualifying Examination Approval

The above-named student has successfully completed all parts of the qualifying exam requirements.

Signature (Primary Field Examiner/Advisor): _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO THE GRADUATE PROGRAM ADMINISTRATOR.

Last updated: July 2018