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
   Reexamination, if needed - Date: ____________________ Pass / Pass with Distinction / Fail

Written exam in the secondary field - Date: ____________________ Pass / Pass with Distinction / Fail
   Reexamination, if needed - Date: ____________________ Pass / Pass with Distinction / Fail

Oral exam - Date: ____________________ Pass / Pass with Distinction / Fail
   Reexamination, 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.

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