



Report on Qualifying Examinations

Form #4

Office of the Registrar

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To be returned by the Faculty Chair to the Registrar within two weeks after the written examinations

Name _____ Date _____

QUALIFYING EXAMINATIONS

Evaluations Possible: Pass (Excellent or Satisfactory can be noted), Conditional Pass, or Unsatisfactory

Table with 3 columns: Topic, Evaluation, Professor's Signature. Includes multiple rows for data entry.

ORAL EXAMINATION

Evaluation: _____ Comments: _____

Examinations as a whole [] Satisfactory [] Unsatisfactory [] Conditional Pass

If Conditional Pass, additional Requirements to be met: _____

Dissertation topic: _____

Remarks: _____

Qualifying Exam Committee

Faculty Chairperson: _____ Faculty Committee Member: _____

Signature: _____ Signature: _____

Faculty Committee Member: _____ Faculty Committee Member: _____

Signature: _____ Signature: _____

Received by the Registrar _____ Date _____

Signature