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>
<thead>
<tr>
<th>Topic</th>
<th>Evaluation</th>
<th>Professor’s Signature</th>
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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