



Ph.D. Removal of Conditional Pass on Qualifying Exam Form #5

Office of the Registrar

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To be submitted by the Faculty Advisor

This is to certify that _____ Student Name

has successfully completed the Ph.D. [] Oral [] Qualifying examination on the topic of: _____

by rectifying the Conditional Pass on _____ Date

Qualifying Exam Committee Member or Faculty Reader

Signature Date

Additional signatures, if applicable.

Qualifying Exam Committee Member or Faculty Reader

Signature Date

Qualifying Exam Committee Member or Faculty Reader

Signature Date

Qualifying Exam Committee Member or Faculty Reader

Signature Date

Received by the Registrar _____ Date _____
Signature