



Qualifying Exam Report

Student R#

Student Name:

Student Email:

Student Major:

Expected Graduation Date:

Date of Exam:

The Department/College recommends that:

Yes, Be admitted to candidacy and **successfully** completed the Qualifying Exam

No, **NOT** be admitted to candidacy and was unsuccessful on the Qualifying Exam

Printed Name of Chair of Committee

E-mail address of Chair of Committee

Does the student have a co-chair

Yes

No

Beginning Fall 2023 the preliminary committee member information must be entered on the qualifying exam request.

Committee Member Number One:

External Member Yes No Name:

Email:

Committee Member Number Two:

External Member Yes No Name:

Email:

Committee Member Number Three:

External Member Yes No Name:

Email:

Committee Member Number Four (optional):

External Member Yes No Name:

Email:

Signature of Chair

Please submit this document to the Sharepoint contact of your department for processing.