

## Qualifying Exam Report

Student R#
Student Name:
Student Email:
Student Major:
Expected Graduation Date:
Date of Exam:
The Department/College recommends that:
Be admitted to candidacy and successfully completed the Qualifying Exam
NOT be admitted to candidacy and was unsuscessful on the Qualifying Exam
Printed Name of Chair of Committee
E-mail address of Chair of Committee
Signature of Chair of Committee

Please submit this document to the Graduate School Enrollment Services Sharepoint portal or to the Sharepoint contact of your department for processing.