

## Qualifying Exam Report

Date of Exam:

Student R#:

Student Name:

Department/College:

**The Department/College recommends student:**

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

**NOT** be admitted to candidacy and was unsuccessful on the Qualifying Exam

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Printed Name of Chair of Committee

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E-mail address of Chair of Committee

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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.**

For additional information or assistance, please contact the graduate school at:  
[em\\_gradschool@ttu.edu](mailto:em_gradschool@ttu.edu) or (806) 742-2787