

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 unsuccessful 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.

For additional information or assistance, please contact the graduate school at:

em_gradschool@ttu.edu or (806) 742-2787