



Qualifying Exam Report

Student Name: _____

Student R Number: _____

Department/College: _____

Date: _____

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

Printed Name of Chair of Committee

Signature of Chair of Committee

Mail to:

Enrollment Management Team
The Graduate School
M.S. 1030