REPORT ON DOCTORAL DEGREE QUALIFYING EXAMINATIONS

REGISTRATION IN AN ACADEMIC QUARTER IS REQUIRED IN ORDER TO TAKE QUALIFYING EXAMINATIONS

A copy of the processed form will be sent via email to the student and department

Name: _____ Perm: _____ International Student Visa: _____

UMail: _____ Degree/Major: _____

☐ *I am registered & eligible to take my qualifying examinations*

☐ *I have paid the $50.00 advancement to candidacy fee, Cashier's (1212 SAASB) recipt attached or submitted separately*

Student's Signature: _____ *Date:* _____

To the Dean of the Graduate Division:

The results of the above student's qualifying examinations (oral and written) are:

MEMBER'S NAME (type or print)	**Signature**	**Passed**
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

COMMITTEE CHAIR: We agree that on _____, the above student
(DATE – MM/DD/YY)

☐ **Passed** the qualifying examination requirement.

☐ **Did not Pass** all or part of the qualifying examination requirement. *(Attach a summary of the committees' feedback & re-examination requirements)*

_____ _____ _____
Type or Print Name *Signature* *Date*

- Upon passing, please remind the student to pay the $50.00 advancement to candidacy fee at the Cashier's Office (1212 SAASB). The advancement will not be processed until the Graduate Division has received the Cashier's receipt.
- Please return the completed and signed Form II regardless of outcome

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DEPARTMENT GRADUATE ADVISOR

Foreign language requirement: ☐ No ☐ Yes, has been fulfilled by:

☐ Coursework or student is a native speaker

☐ Exam: Language _____ Date Passed (*mm/dd/yy*) _____

☐ Exam: Language _____ Date Passed (*mm/dd/yy*) _____

The committee chair has informed me of this student's qualifying examination results. Regardless of outcome, I certify that the student ***is registered***, has completed all required coursework, and departmental milestones in order to advance to doctoral candidacy.

_____ _____ _____
Type or Print Name *Signature* *Date*

Graduate Division Dean: _____ ***Date:*** _____

Graduate Division Use Only: Fee Paid $_____