

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) receipt 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	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

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:** _____