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 departments

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:* _____

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

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 UCSB 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

GRADUATE PROGRAM APPROVALS

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

JDP Director, Affiliated Institute: _____ _____ _____
Type or Print Name *Signature* *Date*

JDP Director, UCSB: _____ _____ _____
Type or Print Name *Signature* *Date*

GRADUATE DIVISION

Dean, Affiliated Institute: _____ _____
Signature *Date*

Dean, UCSB: _____ _____
Signature *Date*

Graduate Division Use Only: Fee Paid $_____