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:

<table>
<thead>
<tr>
<th>MEMBER’S NAME (type or print)</th>
<th>Signature</th>
<th>Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________</td>
<td>_________</td>
<td>□ Yes</td>
</tr>
<tr>
<td>____________________________</td>
<td>_________</td>
<td>□ Yes</td>
</tr>
<tr>
<td>____________________________</td>
<td>_________</td>
<td>□ Yes</td>
</tr>
<tr>
<td>____________________________</td>
<td>_________</td>
<td>□ Yes</td>
</tr>
<tr>
<td>____________________________</td>
<td>_________</td>
<td>□ Yes</td>
</tr>
</tbody>
</table>

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

☐ 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: ___________________________ Signature ___________________________ Date ____________