

QUALIFYING EXAMINATION EVALUATION

Student's Name/Signature: _____

Examination Scheduled for: _____
Date Time Bldg Room

Name of PhD Advisor : _____ (Chair)

Names of Qualifying Exam Committee Members:

Signatures of Qualifying Exam Committee Members:

_____ Name	_____ Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
_____ Name	_____ Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
_____ Name	_____ Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
_____ Name	_____ Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

Comments (please be specific):