# DOCTORAL QUALIFYING EXAMINATION EVALUATION FORM

## STUDENT INFORMATION

**CANDIDATE NAME:**

Last __________________________________ First ________________________________ Middle ___________________________

**EXAMINATION DATE:**

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**DEPARTMENT/PROGRAM:**

_____________________________________

This is the student’s [ ] First Attempt [ ] Second Attempt

## EXAM RESULTS

**Instructions:** Each member of the qualifying exam committee must complete this form, including the Chairperson. These forms along with the Chairperson’s report must be submitted to the Graduate School after the qualifying exam.

A. In my judgment the student’s performance on the Qualifying Examination was:

[ ] Satisfactory [ ] Unsatisfactory

B. Briefly list the student’s special strengths and/or weaknesses, critique of the examination, etc.

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C. If in your judgment, the student’s performance was unsatisfactory, what conditions would you recommend prior to the student’s re-examination? Please be specific in any recommendations you make concerning further courses or readings to be completed, etc.

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## SIGNATURE

**COMMITTEE MEMBER’S PRINTED NAME:** ________________________________________________________________

**SIGNATURE:** ____________________________________________________________ **DATE:** __________________

Rev. Nov 2018