



**School of Graduate Studies**

**REPORT OF QUALIFYING EXAMINATION**

*This form must be typed.*

**Date of Exam:**

**Name:**

**EmplID:**

**Department:**

**Admit Term:**

**The department has certified that the above graduate student has passed or failed the qualifying examination as indicated.**

**Decision**

**Pass:**

**Fail:**

**Comments:**

**Approvals**

**Program Director:** \_\_\_\_\_

**Department Head:** \_\_\_\_\_