Report on Qualifying/Comprehensive/Preliminary Examination

Name: ____________________________  Student Identification No.: _____-____-_______

Department: ____________________________________________________________________  Major/Concentration: __________________________

Indicate which doctoral examination is being reported:

<table>
<thead>
<tr>
<th>MAJOR AREAS</th>
<th>Subject/Examiner</th>
<th>Exam Date</th>
<th>(check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Examinations:</td>
<td></td>
<td></td>
<td>☐ Pass  ☐ Fail</td>
</tr>
<tr>
<td>Oral Examinations:</td>
<td></td>
<td></td>
<td>☐ Pass  ☐ Fail</td>
</tr>
<tr>
<td>MINOR AREAS:</td>
<td></td>
<td></td>
<td>☐ Pass  ☐ Fail</td>
</tr>
</tbody>
</table>

Performance overall: ☐ Satisfactory  ☐ Unsatisfactory (check one)
If unsatisfactory, state reasons and, if possible date of rescheduled examinations: __________________________

The Committee recommends that the student ☐ be  ☐ not be permitted (check one) to proceed with his research for the degree. The following conditions and/or additional course work are required (if none, so state) in addition to the dissertation:

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CHAIRMAN - EXAMINING OR ADVISORY COMMITTEE  DATE

MEMBER  DATE

MEMBER  DATE  DEPARTMENT DIRECTOR  DATE

MEMBER  DATE  DEAN OF GRADUATE ACADEMICS  DATE

October 16, 2008, Doctoral_Qualifying_Exam_Report.doc