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Report on Qualifying/Comprehensive/Preliminary Examination

Name: _____

Student Identification No.: _____-_____-_____

Department: _____

Major/Concentration: _____

Indicate which doctoral examination is being reported: _____

MAJOR AREAS	Subject/Examiner	Exam Date	(check one)
Written Examinations:			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Oral Examinations:			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
MINOR AREAS			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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:

 CHAIRMAN - EXAMINING OR ADVISORY COMMITTEE DATE

 MEMBER DATE

 MEMBER DATE

 MEMBER DATE

Approval Signatures:

 DEPARTMENT DIRECTOR DATE

 DEAN OF GRADUATE ACADEMICS DATE