



**STEVENS**  
 INSTITUTE of TECHNOLOGY  
 THE INNOVATION UNIVERSITY

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## Report on Qualifying/Comprehensive/Preliminary Examination/Proposal Defense

Name: \_\_\_\_\_

Student Identification No.: \_\_\_\_\_

Department: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Indicate which doctoral examination is being reported: \_\_\_\_\_

Type	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
Proposal Defense:			<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/PROGRAM DIRECTOR      DATE

\_\_\_\_\_  
 DEAN OF GRADUATE ACADEMICS      DATE

\_\_\_\_\_  
 REGISTRAR'S OFFICE      DATE