DOCTORAL QUALIFYING EXAMINATION EVALUATION FORM

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.

NAME OF CANDIDATE: ________________________________________________________________

LAST     FIRST    MIDDLE

EXAMINATION DATE:_________________________________________________________________

1. In my judgment the student's performance on the Qualifying Examination was:

☐ Satisfactory  ☐ Unsatisfactory

2. Comments: (special strengths and weaknesses, criticism of the examination, etc.)

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

COMMITTEE MEMBER: ________________________________________________________________

PRINTED NAME

________________________________________

SIGNATURE

________________________________________

DEPARTMENT/PROGRAM

(revised 2009)