

## Qualifying Examination

DEPARTMENT/PROGRAM: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ BANNER ID#: \_\_\_\_\_

This is to certify that we have administered a **qualifying examination** to the student named above for the degree indicated and that the student received a **passing** grade.

EXAM DATE: \_\_\_\_\_

**Master of Arts**

**Master of Science**

**Doctor of Philosophy**

FIELDS EXAMINED [optional]: \_\_\_\_\_

COMMENTS:

Date: \_\_\_\_\_

_____	_____
Chair of Examining Committee (Print Name)	(Signature)
_____	_____
Committee Member (Print Name)	(Signature)
_____	_____
Committee Member (Print Name)	(Signature)
_____	_____
Committee Member (Print Name)	(Signature)
_____	_____
Committee Member (Print Name)	(Signature)

*Examination will be noted on transcript.*

**Distribution: Original only to the Dean of Graduate Studies and Research**