

FORM F. Qualifying Examination Results

Student \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_

The Doctoral Committee concludes that this student has:

\_\_\_\_\_ Passed both written and Oral Qualifying Examination

\_\_\_\_\_ Failed the Written Qualifying Examination

\_\_\_\_\_ Failed the Oral Qualifying Examination

\_\_\_\_\_ Passed conditionally the Written Qualifying Examination (deficiencies and conditions specified below)

\_\_\_\_\_ Passed conditionally the Oral Qualifying Examination (deficiencies and conditions specified below)

Deficiencies and conditions \_\_\_\_\_  
\_\_\_\_\_

Deficiency plan \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures of Doctoral Committee:

Doctoral Major Professor \_\_\_\_\_ Date \_\_\_\_\_

Doctoral Co-Major Professor (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_

IS Department Chair \_\_\_\_\_ Date \_\_\_\_\_