

## Qualifying Exam Scheduling & Results Form

### STEPS III & IV

Name: \_\_\_\_\_ Advisor/Chair: \_\_\_\_\_

#### Step III. Qualifying Exam Schedule

**Check One:** First test: \_\_\_\_\_ Retest: \_\_\_\_\_ (The exam may be retaken only once.)

All 3 parts of the exam must be scheduled, approved, and submitted to the Department Services Administrator at least two weeks prior to the first test date. Parts 1 and 2 must be taken no more than 7 days apart. The oral exam must be scheduled no sooner than 2 weeks after and no later than 4 weeks after Part 2. Dates may not be changed without approval. The student is responsible for arranging the dates and times with all members of the committee.

	Date	Time	Room
Part 1, Written			
Part 2, Written			
Part 3, Oral			

I agree to the above time for Qualifying Exam sessions: Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval:** (Chair, Examining Committee) \_\_\_\_\_ Date: \_\_\_\_\_

Remember: provision must be made for the student to pick up the exam 4 hours prior to the start of session.

**Failure to appear for one or more exam sessions will be considered as examination failure unless a rescheduled time is officially approved.**

**Submit to Department Services Administrator at least two weeks prior to first test date.**

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#### Step IV. Qualifying Exam Results: (Committee Decision)

Part 1 Written: Outstanding Good Acceptable Unacceptable

Part 2 Written: Outstanding Good Acceptable Unacceptable

**Exam Parts 1 and 2 will be graded but not returned or reported to student prior to administration of Part 3.**

Part 3 Oral: Outstanding Good Acceptable Unacceptable

#### Overall Qualifying Exam Performance: (Committee Decision)

Acceptable performance in all areas, overall: Outstanding Good Acceptable

Unacceptable performance in one or more areas:

Specific Concerns and Recommendations:

Committee must sign to certify the results immediately after the oral exam.

#### Examining Committee Members:

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

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

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

Chair, Examining Committee: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit to Department Services Administrator**

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Area Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Director: \_\_\_\_\_ Date: \_\_\_\_\_