

QUALIFYING EXAM SCHEDULING & RESULTS FORM
STEPS III & IV

Name: _____ Advisor: _____

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 Graduate Program Secretary at least one month 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: (Signed only by Committee Director) _____ 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 Graduate Program Secretary at least one month prior to first test date.

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: (use other side if necessary)

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

Examining Committee Members:

Member: _____ Date: _____

Member: _____ Date: _____

Member: _____ Date: _____

Member: _____ Date: _____

Committee Director: _____ Date: _____

Submit to Graduate Program Secretary

Area _____ Graduate Program
Leader: _____ Date: _____ Director: _____ Date: _____