



# Qualifying Exam

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

\_\_\_\_\_  
Program

The qualifying exam was administered to \_\_\_\_\_ on  
Student Name

\_\_\_\_\_  
Dates(s)

The result of the qualifying exam was:  PASS  FAIL

\_\_\_\_\_  
Date Exam Passed

Comments:

Committee Chair

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Program Director

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

GSO Date  
Stamp Here