



THE GRADUATE SCHOOL

Qualifying Exam/Comprehensive Exam Report For Doctoral Candidates

Name (as it appears in your student records): _____

Student ID #: 800 _____ Date: _____

Program Of Study: _____

Please Check Either: ___ Qualifying Exam or ___ Comprehensive Exam

Passed: ___ Failed: ___ Date: _____ Rubric Score _____

Re-Examination - Check Either: ___ Qualifying Exam or ___ Comprehensive Exam

Passed: ___ Failed: ___ Date: _____ Rubric Score _____

Committee Signatures: _____

Chair (Print Name and Sign)

Member (Print Name and Sign)

Member (Print Name and Sign)

Member (Print Name and Sign)

Member (Print Name and Sign)

CIS Ph.D. Graduate Track Coordinator Signature: _____

Dean of the Graduate School Signature: _____