

Qualifying Exam Report

Date: _____

Student's name: _____

Student's 8-digit CWID number: _____

Mark for exam: Pass ___ Fail ___

Signatures:

Committee chair: _____

Dissertation adviser (if different): _____

Outside committee member: _____

Committee member: _____

Committee member: _____

Committee member: _____

The completed report should be returned to the graduate director.