

Student Information

CGU ID 254 - _____

Last Name _____ First Name _____

Department _____ Degree _____ Date _____

Prerequisite Checklist for Qualifying Examinations

Research Tools - Completion Date or Pending

Previous Attempts (Dates, if applicable)

- | | | |
|--|--|-------|
| <input type="checkbox"/> 48 Units Completed
<small>(Including transfer units)</small> | First Tool _____ | _____ |
| <input type="checkbox"/> 72 Units Completed
<small>(Varies, check with Dept.)</small> | Second Tool _____ | _____ |
| <input type="checkbox"/> Registered in current semester | Third Tool _____
<small>(If applicable)</small> | _____ |

Comments: _____

Results of Qualifying Examinations Verified by Committee Chair and Members

Exam Date _____

- Passed or Failed, with the following recommendation.
- Student is granted another attempt to pass.
 - Student is withdrawn from doctoral program and may be considered for a terminal Master's degree.
 - Student is terminated and not permitted to register for (semester/year) _____.

Approval of Qualifying Exam Committee - Signatures or Other Evidence Required

Committee Chair Name _____ Institution _____ Signature _____ Date _____

Committee Member Name _____ Institution _____ Signature _____ Date _____

Committee Member Name _____ Institution _____ Signature _____ Date _____

Committee Member Name _____ Institution _____ Signature _____ Date _____

Committee Member Name _____ Institution _____ Signature _____ Date _____

Department/Program Approvals

Advisor Name _____ Signature _____ Date _____

Dean Name _____ Signature _____ Date _____

Dept. Admin. Review _____ Signature _____ Date _____