Qualifying Examination Report

- **Please return the completed form to the Graduate Program Assistant immediately after the exam.**

Student information

Surname:	Given name(s):
Student number:	Email:
Degree & level of study:	Academic session:
Date of examination:	

Title

Comments

Exam results

☐ Passed	☐ Require to complete additional readings ☐ Required to take additional courses ☐ Required to withdraw from program ☐ Required to complete additional readings an re-sit the examination

Examining committee approval

Name	Signature	Date (mm/dd/yyyy)
Supervisor:		
Chair:		
Committee member:		
Committee member:		

Revised Fall 2018