

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 - Student is withdrawn from doctoral program and may be considered for a terminal Master's degree.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. Review _____ Signature _____ Date _____