

ORAL QUALIFYING EXAM

Name of Student:

Date of Oral Exam:

Committee members:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Print name	Signature	Pass	Fail

Committee Chairperson:

_____	_____	_____	_____
Print name	Signature	Pass	Fail

Research Advisor:

_____	_____	_____	_____
Print name	Signature	Pass	Fail

Comments: