

DOCTORAL QUALIFYING (PRELIMINARY) EXAMINATION

Student Name: _____ WVUID#: _____

Graduate Program: _____ Date: _____

This is to certify that the student named above, a student in the graduate program listed above, completed the qualifying examination(s) as follows:

☐ Approved

☐ Failed

Signatures of Graduate Student Advisory Committee:

Names of Committee Members (typed)

	(Chair)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The committee is:

- ☐ an examination committee
☐ the student's research advisory (dissertation) committee

Note: Once committee and/or program director signatures (if applicable) have been obtained, please make one copy of this form for the student's personal records and one copy for the program director prior to submitting to the Office of Research and Graduate Education. A final copy will be placed in the student's file in their graduate program's office and in the Office of Research and Graduate Education once all signatures have been obtained.

Rev. 10/2015