## **Michigan Technological University**

## **CFRES**

## **Report on Qualifying Examination**

This form is required for the following degree program: PhD

Qualifying exams must be completed and recorded in Banner within 5 years after enrollment.

This form is for use by programs for internal record-keeping and verification of exam results should not be sent to the Graduate School.

Provide information about you and your program.	
Last Name, First Name, MI:	_
M Number:	_
Graduate Program:	
<b>Graduate Program will complete this section after all o</b> The signatures below certify that the student described	
has satisfactory completed	
has provisionally completed (explain conditions this form, and indicate if a resubmission of this	
has not completed (explain result of failure on	the bottom or back of this form)
the program's qualifying examination(s):	
Date(s) of written exam	Date of oral exam(s) (write n/a if not applicable)
Approval Signatures  Please print or type name to the left of the signature.	
Obtain administrative approval. Print or type the nam	-
Have graduate assessment forms (GLOs) been complete	ed for this candidate? Yes No