

Results of Qualifying Examination

Student's Name

Ph.D. Degree Program

Student's ID Number

Student's Advisor

Advisor's Home Department/Program: _____

Date of Exam: _____

Passed: Conditional Pass*: (see attached explanation) Failed:

Date of Conditional Exam: _____

Passed: Failed:

Date of Exam (2nd attempt): _____

Passed: Failed:

Date of Final Outcome: _____
(could be the same Date of Exam)

Advisor: _____
(signature)

(date)

Montana Tech Campus Director: _____
(signature)

(date)

Dean of Graduate School: _____
(signature)

(date)

*any conditional pass will require a written explanation signed by the student and the advisor