GR. 38 EVALUATION OF THE QUALIFYING EXAMINATION

Doctoral Program Field of Study
Faculty / Institute / College
Mr. / Miss / Mrs. / Ms. / Other (specify)
Student ID No DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
Program
Study Plan
The Evaluation by the Qualifying Examination Committee:
☐ Written examination on date. ☐ PASSED ☐ NOT PASSED
☐ Oral examination on date ☐ PASSED ☐ NOT PASSEI
Other (please specify)
on date PASSED NOT PASSEI
SIGNATURES TO ACKNOWLEDGE THE EVALUATION OF THE QUALIFYING EXAMINATION
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Lect. /Asst. Prof. /Assoc. Prof. /Prof.
Date
Lect. /Asst. Prof. /Assoc. Prof. / Prof.
Date
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Lect. /Asst. Prof. /Assoc. Prof. / Prof.
Date
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Lect. /Asst. Prof. /Assoc. Prof. / Prof.
Date
Signature
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Program Director Date
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Note: 1. Submit this form (GR. 38) to the appropriate branch office of the Faculty of Graduate Studies within 15 working days after the examination date.

2. If there are more than 4 members on the Qualifying Examination Committee, please use an additional form.