

REPORT ON DOCTORAL DEGREE QUALIFYING EXAMINATIONS

REGISTRATION IN AN ACADEMIC QUARTER IS REQUIRED IN ORDER TO TAKE QUALIFYING EXAMINATIONS

A copy of the processed form will be sent via email to the student and departments

Name: _____ UCSB Perm: _____ Joint ID: _____ Visa: _____
International Students

UCSB UMail: _____ Major: _____ Joint University: Sacramento San Diego

- I am registered & eligible to take my qualifying examinations
- I have attached the Cashier's Office (1212 SAASB) receipt for payment of the \$50.00 advancement to candidacy fee

Student's Signature: _____ Date: _____

The results of the above student's qualifying examinations (oral and written) are:

MEMBER'S NAME (type or print)	Signature	Passed	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMMITTEE CHAIR: We agree that on _____, the above student
(DATE - MM/DD/YY)

- Passed** the qualifying examination requirement.
- Did not Pass** all or part of the qualifying examination requirement. (Attach a summary of the committees' feedback & re-examination requirements)

Type or print name Signature Date

- Upon passing, please remind the student to pay the \$50.00 advancement to candidacy fee at the UCSB Cashier's Office (1212 SAASB). The advancement will not be processed until the Graduate Division has received the Cashier's receipt.
- Please return the completed and signed Form II regardless of outcome

GRADUATE PROGRAM APPROVALS

The department has a language requirement that has been fulfilled by: No Yes

- Coursework or student is a native speaker
- Exam: Language _____ Date Passed (mm/dd/yy) _____
- Exam: Language _____ Date Passed (mm/dd/yy) _____

The committee chair has informed us of this student's qualifying examination results. Regardless of outcome, we certify that the student **is registered**, has completed all required coursework, and departmental milestones in order to advance to doctoral candidacy.

JDP Director, Affiliated Institute: _____
Type or print name Signature Date

JDP Director, UCSB: _____
Type or print name Signature Date

GRADUATE DIVISION

Dean, Affiliated Institute: _____
Signature Date

Dean, UCSB: _____
Signature Date