MARQUETTE UNIVERSITY GRADUATE SCHC DOCTORAL QUALIFYING EXAMINATION COMMITTEE CHAIRPERSON'S SUMMARY

If the student fails his/her DQE, it is the program's responsibility to communicate with the student and give specific reasons and recom student. After this form has been reviewed and signed by the Department Chairperson, submit this form to the Graduate School togeth (optional) Doctoral Qualifying Examination Evaluate assistance completing this form, please contact the Graduate School at 414-2

I. STUDENT INFORMATION Name: Date of Exam: Program: This is the student's: Second Attempt First Attempt II. EXAM RESULTS A. The committee recommends this student's Doctoral Qualifying Exam Pasellows Fail B. The Committee voted for passage: against passage. C. If the student failed, does the department consent to a second attempt? No D. If the student's performance was unsatisfactory, what conditions are required prior to the student's re-examination? Please be spe preparations, etc. and attach to this report. E. Date by which second attempt must completed: III. COMMITTEE TYPED NAMES DQE Chairperson: DQE Chairperson: Committee Member: Committee Member: Department Chair or DGS: Department Chair or DGS:

PLEASE FORWARD COMPLETED FORM TO THE GRADUATE SCHOOL

FOR GRADUATE SCHOOL USE ONLY

Posted Date: _____