

Doctoral Qualifying Examination Form*

(Date)

MEMORANDUM

TO: Health Sciences Graduate Programs Office
2271 Health Sciences South
PO Box 9024
Morgantown, WV 26506-9024

FROM: _____ (Chairperson of Committee)

RE: Qualifying Examination

This is to certify that _____, WVU ID# _____,
a PhD candidate in _____, School of _____,
completed his/her qualifying examination(s) on _____ (Date).

Written: Approved _____ Failed _____

Oral: Approved _____ Failed _____

Print Committee Members' Names

Committee Signatures**

*Submit to Health Sciences Center Graduate Programs office immediately following the final examination(s). Qualifying examination is usually given after most formal studies have been completed, typically after 27 hours.

**Committee members must sign.

Revised 10/26/04