



Qualifying Examination Results and Doctoral Committee Approval Form

Submit to the Graduate School no later than the end of the student's second semester of enrollment.

Student name: _____
(Last Name, First Name)

Mizzou ID number: _____ Degree (i.e PhD, EdD, etc.): _____

Academic program: _____ Major: _____

Program Address: _____ Emphasis area: _____
(If applicable)

Universities/colleges attended with degrees and dates: _____

	<u>Name</u>	<u>Academic program</u>	<u>Email address</u>	GRADUATE SCHOOL USE ONLY	
				<u>Doctoral Faculty</u>	
				Yes	No
1.	_____ Chair	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____ Member	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____ Member	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____ Member	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____ Outside member	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Results of the qualifying process: Passed Failed*

Date exam was taken: _____ Exam score approved by: _____

*If student did not pass, please indicate course of action proposed to the student: _____

I am aware that research involving human subjects (including surveys) requires Institutional Review Board (IRB) approval and that the Animal Care and Use Committee (ACUC) must review and approve most research dealing with animal subjects. I will comply with all current applicable MU regulations pertaining to research on human subjects or animals before and during all stages of my research.

_____ Student signature	_____ Date	_____ Adviser signature	_____ Date
_____ Director of graduate studies signature	_____ Date	_____ Dean of the graduate school signature	_____ Date

DO NOT WRITE IN THIS BOX (office use only)	As of _____, official transcripts <input type="checkbox"/> are <input type="checkbox"/> are not on file.
	Date copies sent to Adviser and Director of Graduate Studies: _____