

**Department of Earth and Environmental Sciences
PhD Qualifying Exam**

Graduate Student Name: _____

Graduate Program Start Date (semester/year): _____

Date of first Written Exam (month/day/year): _____

Date of last Written Exam (month/day/year): _____

Date of Oral Exam (month/day/year): _____

Committee Member	Signature	Pass	Fail
Chair			

If this is a conditional pass, specify the conditions and deadlines for the conditions to be met below:

If the committee has any recommendations for further coursework, etc., list those below.

This form should be returned to the DGS with three days of the oral exam. A copy should be placed in the student's file, and also given to the student.