

# Report on Doctoral Qualifying Examination-Professional

Office of Graduate Enrollment Services, The Pennsylvania State University, 114 Kern Building, University Park, PA 16802-3396; (814) 865-1795; (814) 863-4627(fax)

**This is to certify that a group of graduate faculty members have administered a doctoral qualifying examination and evaluation to:**

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|           |            |                |                       |
|-----------|------------|----------------|-----------------------|
| Last Name | First Name | Middle Initial | Penn State 9-digit ID |
|-----------|------------|----------------|-----------------------|

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Student's current local mailing address (not program's address)

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|               |             |                                   |                    |
|---------------|-------------|-----------------------------------|--------------------|
| Degree sought | Major field | Dual- title field (if applicable) | Date of evaluation |
|---------------|-------------|-----------------------------------|--------------------|

## Qualifying Examination:

Was this the first attempt at Qualifying Examination?     yes     no

Please check the appropriate boxes below:

### PASSED:

The student passed the Qualifying Examination (for students in dual-title programs, checking this box indicates the student has passed qualifying for both the major and dual-title fields) and should now be considered an official doctoral student.

### FAILED:

The student failed the Qualifying Examination but will be given the opportunity to retake it. A copy of the letter to the student to this effect is attached.

The student failed the Qualifying Examination and will **NOT** be given the opportunity to retake it. The program has rejected the student from the program. A copy of the letter to the student to this effect is attached.

If the student failed the Qualifying Examination, and will **NOT** be given the opportunity to retake it, indicate whether the following statement should appear on the transcript:

**Failed Qualifying Examination – dropped from program**     yes     no

## Initial Assessment of English Competence

Competent

Requires improvement (indicate remediation plan below)

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Remediation Plan

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|   |              |      |
|---|--------------|------|
| Signature of Graduate Program Head or Director of Graduate Student Services for Major Program | Printed Name | Date |
|---|--------------|------|

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|--|--------------|------|
| Signature of Graduate Faculty Dual -Title Representative (If applicable) | Printed Name | Date |
|--|--------------|------|