

# Report on Doctoral Qualifying Examination-Research

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:**

Last Name	First Name	Middle Initial	Penn State 9-digit ID
Student's current local mailing address (not program's address)			

Degree sought	Major field	Dual- title field (if applicable)	Date of evaluation
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### 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.
- This student is a Dual-title student and the examination included both the major and dual title fields.

#### FAILED:

- The student failed the Qualifying Examination but will be given the opportunity to retake it. A copy of the letter informing the student of the outcome is attached.
- The student failed the Qualifying Examination and will **NOT** be given the opportunity to retake it. The program has terminated the student from the program. A copy of the letter informing the student of the outcome 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 – Terminated by the Graduate Program**     yes     no

### Initial Assessment of English Competence

- Competent (Standards for English competence of a PhD student are determined by the Graduate program faculty.)
- Requires improvement (indicate remediation plan below)

Remediation Plan

Signature of Graduate Program Head or Director of Graduate Studies for Major Program      Printed Name      Date

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

