

## REPORT ON DOCTORAL DEGREE QUALIFYING EXAMINATIONS

**REGISTRATION IN AN ACADEMIC QUARTER IS REQUIRED IN ORDER TO TAKE QUALIFYING EXAMINATIONS**

*A copy of the processed form will be sent via email to the student and departments*

Name: \_\_\_\_\_ UCSB Perm: \_\_\_\_\_ Joint ID: \_\_\_\_\_ Visa: \_\_\_\_\_  
International Students

UCSB UMail: \_\_\_\_\_ Major: \_\_\_\_\_ Joint University: Sacramento San Diego

- I am registered & eligible to take my qualifying examinations
- I have attached the Cashier's Office (1212 SAASB) receipt for payment of the \$50.00 advancement to candidacy fee

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The results of the above student's qualifying examinations (oral and written) are:

MEMBER'S NAME <i>(type or print)</i>	Signature	Passed	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**COMMITTEE CHAIR:** We agree that on \_\_\_\_\_, the above student  
*(DATE – MM/DD/YY)*

- Passed** the qualifying examination requirement.
- Did not Pass** all or part of the qualifying examination requirement. *(Attach a summary of the committees' feedback & re-examination requirements)*

\_\_\_\_\_  
*Type or print name*    *Signature*    *Date*

- Upon passing, please remind the student to pay the \$50.00 advancement to candidacy fee at the UCSB Cashier's Office (1212 SAASB). The advancement will not be processed until the Graduate Division has received the Cashier's receipt.
- Please return the completed and signed Form II regardless of outcome

### GRADUATE PROGRAM APPROVALS

The department has a language requirement that has been fulfilled by:      No      Yes

- Coursework or student is a native speaker
- Exam: Language \_\_\_\_\_ Date Passed (mm/dd/yy) \_\_\_\_\_
- Exam: Language \_\_\_\_\_ Date Passed (mm/dd/yy) \_\_\_\_\_

The committee chair has informed us of this student's qualifying examination results. Regardless of outcome, we certify that the student ***is registered***, has completed all required coursework, and departmental milestones in order to advance to doctoral candidacy.

JDP Director, Affiliated Institute: \_\_\_\_\_  
*Type or print name*    *Signature*    *Date*

JDP Director, UCSB: \_\_\_\_\_  
*Type or print name*    *Signature*    *Date*

### GRADUATE DIVISION

Dean, Affiliated Institute: \_\_\_\_\_  
*Signature*    *Date*

Dean, UCSB: \_\_\_\_\_  
*Signature*    *Date*