



MARQUETTE UNIVERSITY GRADUATE SCHOOL

DOCTORAL QUALIFYING EXAMINATION COMMITTEE

CHAIRPERSON'S SUMMARY

If the student fails his/her DQE, it is the program's responsibility to communicate with the student and give specific reasons and recommendations to the student. After this form has been reviewed and signed by the Department Chairperson, submit this form to the Graduate School together with the individual (optional) *Doctoral Qualifying Examination Evaluation*. If you need assistance completing this form, please contact the Graduate School at 414-288-7137.

I. STUDENT INFORMATION

Name: MUID:
 Program: Date of Exam:

This is the student's: First Attempt Second Attempt

II. EXAM RESULTS

A. The committee recommends this student's Doctoral Qualifying Exam as follows: Pass Fail

B. The Committee voted for passage; against passage.

C. If the student failed, does the department consent to a second attempt? Yes No

D. If the student's performance was unsatisfactory, what conditions are required prior to the student's re-examination? Please be specific regarding readings, preparations, etc. and attach to this report.

E. Date by which second attempt must completed:

III. COMMITTEE

TYPED NAMES

SIGNATURES

DQE Chairperson: <input style="width: 300px;" type="text"/>	DQE Chairperson: <input style="width: 300px;" type="text"/>
Committee Member: <input style="width: 300px;" type="text"/>	
Committee Member: <input style="width: 300px;" type="text"/>	
Committee Member: <input style="width: 300px;" type="text"/>	
Committee Member: <input style="width: 300px;" type="text"/>	
Department Chair or DGS: <input style="width: 300px;" type="text"/>	Department Chair or DGS: <input style="width: 300px;" type="text"/>

PLEASE FORWARD COMPLETED FORM TO THE GRADUATE SCHOOL

FOR GRADUATE SCHOOL USE ONLY:

Posted Date: _____

Revised 10/15