

MARQUETTE UNIVERSITY GRADUATE SCHOOL

DOCTORAL QUALIFYING EXAMINATION EVALUATION

Each Examiner must complete this form and forward it to the Examination Chairperson or the Doctoral Qualifying Examination Committee Chairperson. The Summary can be complete. Please fill this form out completely. Submission of this form to the Graduate School is optional if the vote is unanimous. If the vote is split, submission is required because appeals and other proceedings may depend on the information provided here. 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:

II. EXAM RESULTS

A. Overall, I recommend this student's Doctoral Qualifying Examination as follows: Fail

Please note distinction below, if appropriate:

Outstanding Above Average Average Below Average

B. Briefly list the student's strengths and/or weaknesses:

C. If, in your judgement, the student's performance was unsatisfactory, what conditions would you recommend prior to the student's re-examination?

Please be specific regarding further readings and preparations:

Evaluator's Typed Name:

Evaluator's Signature:

Date:

PLEASE FORWARD COMPLETED FORM TO THE GRADUATE SCHOOL