

Montana Tech Results of Qualifying Examination

Student Name:	Student ID:
Ph.D. Degree Program:	
Advisor:	Department:

Date of Exam: _____

Passed

Conditional Pass*(see attached explanation)

Failed

Date of Conditional Exam: _____

Passed

Failed

Date of Exam (2nd attempt): _____

Passed

Failed

Date of Final Outcome (could be the same Date of Exam): _____

Signatures:

Advisor:	Date:
Montana Tech Campus Director:	Date:
Dean of Graduate School:	Date:

***Any conditional pass will require a written explanation signed by the student and the advisor.**

Return this form to the Graduate School