MARQUETTE UNIVERSITY GRADUATE SCHOOL
DOCTORAL QUALIFYING EXAM 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 committee evaluation.

I. Student Information

Name: _____ Advisor: _____

Programs: _____ MUID: _____

Exam Date: _____ Exam Attempt (Check appropriate Box): □ 1st □ 2nd

II. Typed Names of DQE Committee

DQE Chairperson	
Committee Members	

III. Exam Results

A. The committee recommends this student's

Doctoral Qualifying Examination as follows: ☐ Pass ☐ Fail

The committee voted _____ for passage; _____ against passage.
(Enter Number) (Enter Number)

Which best describes the student's performance: ☐ Excellent ☐ Very Good ☐ Average ☐ Below Average

B. Is a re-examination permissible? ☐ Yes ☐ No

If the student's performance was unsatisfactory, what conditions would you recommend or require prior to the student's re-examination? Please be specific regarding readings, preparations, etc. and attach to this report.

IV. Signatures – Signing this form confirms that the department has reviewed this student's record and verifies that the student has completed all requirements listed on the doctoral program planning form, with the exception of the outline, dissertation, and defense.

DQE Chairperson's Signature	Date
Department Chairperson's Signature	Date

GRADUATE SCHOOL USE ONLY

Graduate School Action Recorded by: _____ Date: _____

Revised 4/2007