

MARQUETTE UNIVERSITY GRADUATE SCHOOL

DOCTORAL QUALIFYING EXAMINATION EVALUATION

Each Examiner must complete this form and forward it to the Examination Chairperson so that the *Doctoral Qualifying Examination Committee Chairperson's Report* can be complete.

Please fill out this form completely. If you do not, the Graduate School has to return it to your Department Chairperson for completion, because appeals and other proceedings may depend on the information given here.

Name of Student: _____

Student's Program: _____ MUID: _____

Examination Date: _____ This examination is attempt: 1 2

1) Overall, I recommend this student's Doctoral Qualifying Examination as follows

Pass Failure

Please feel free to note distinction below if appropriate.

Outstanding Above Average Average Below Average

2) Briefly list the student's strength and/or weaknesses.

3) If, in your judgment, 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.

Print/Type Evaluator's Name

Evaluator's Signature

Date