



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 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 approval. 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:

This is the student's: First Attempt Second Attempt

II. EXAM RESULTS

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

III. SIGNATURE

Evaluator's Typed Name: Evaluator's Signature:

Date:

PLEASE FORWARD COMPLETED FORM TO THE GRADUATE SCHOOL