



**NMSU Graduate School**  
 Educational Services Building Room 301  
 MSC 3GS P.O. Box 30001  
 Phone: 575-646-5746 Fax: 575-646-7758  
<http://Gradschool.nmsu.edu>

<b>Graduate School Use Only</b> Sent and Processed by: _____ Date: _____
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## DOCTORAL QUALIFYING EXAMINATION FORM

Student Name:		NMSU Banner ID:	
Major:		Date of Exam:	
Master's Degree received from:		Date Master's Degree Received:	
NMSU Department:		NMSU Admit date for graduate studies:	

**COMMITTEE MEMBERS:**

**VOTE:**

Committee Member #1		
Committee Member #2:		
Committee Member #3:		
Committee Member #4:		
Committee Member #5:		

**RESULTS (check one):**

<input type="checkbox"/>	Student is admitted to further work towards the doctorate	<input type="checkbox"/>	Ph.D.	<input type="checkbox"/>	Ed.D.	<input type="checkbox"/>
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<input type="checkbox"/>	Recommend student limit program to the Master's degree.
<input type="checkbox"/>	Recommend a re-evaluation of the student's program after the lapse of one semester. <i>In the event of this decision, the committee may permit a second examination after a lapse of not less than one semester.</i>
<input type="checkbox"/>	Recommend student discontinue graduate work. <i>In the event of this decision, the department must provide a detailed explanation for student's Graduate School file; please attach explanation to this form.</i>

**COMMENTS:**


**Approval:**

**Signatures:**

**Date:**

Advisor/Chair:		
Department Head:		
College Dean:		
Graduate School:		