



# Department of Geology & Geophysics

## PhD Qualifying Exam

*Complete and submit to the Academic Advisor*

Name:	UNID:
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Email:	Date:
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Expected Graduation Date:
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Date of Exam:
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Circle One:	Pass	Conditional Pass	Fail
<i>Conditional Pass Comments:</i>			

### Committee Members

Name:	Signature:
Name:	Signature:
Name:	Signature:
Name:	Signature:
Name:	Signature:

*Office use only:*

*Input information into Graduate Degree Tracking System:*