RESULTS of the DOCTOR OF ENGINEERING CANDIDACY EXAM

DATE SUBMITTED ________________________________

NAME ___________________________ LUID# __________

ADDRESS ______________________________ TELEPHONE __________

DEPARTMENTAL AFFILIATION ________________________________

CANDIDACY EXAM

DATE(S) COMPLETED: ________________________________

RECOMMENDATION: ________________________________

______________________________

______________________________

COMMITTEE CHAIR: ________________________________

CO-CHAIR (If Applicable): ________________________________

CANDIDACY COMMITTEE APPROVED *CANDIDACY COMMITTEE NOT APPROVED

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COMMITTEE MEMBER ________________________________

COMMITTEE MEMBER ________________________________

COMMITTEE MEMBER ________________________________

COMMITTEE MEMBER ________________________________

PLEASE ATTACH A COPY OF THE QUESTIONS AND ANSWERS RECORDED.

______________________________ DATE ________________

DEPARTMENT CHAIR

______________________________ DATE ________________

DEAN, COLLEGE OF ENGINEERING

______________________________ DATE ________________

DEAN, COLLEGE OF GRADUATE STUDIES

*IF NOT APPROVED ATTACH SEPARATE PAGE WITH REASON FOR YOUR DISAPPROVAL AND YOUR RECOMMENDATION.