MEMORANDUM

To: The Registrar             Student Name: ____________________________
From: ETAP             Student ID Number ________________________________
Date: _______________             Degree Program: Ph.D.

Subject: Comment to be Recorded on Graduate Student Transcript

The above-named student has attempted the Doctoral Qualifying Exam.

Results of Examination: ____________________________             Date
                          (Passed or Failed)

[  ] Prior attempt to be deleted.

Note: Only the latest examination result (pass or fail) is recorded on the student’s transcript. Previous failures are deleted.

________________________________________________________             Date
Signature of Chair of Examining Committee

________________________________________________________             Date
Signature of Department Chair

Date Comment Recorded by Registrar: ________________