Qualifying Exam Evaluation Form

This form will be kept in the Religious Studies Graduate Office.

STUDENT:	UT EID:
Area of Concentration:	Year in the Program:

Exam Semester:

Written Exam Dates: Oral Examination Date:

Student's score on qualifying exams:	☐ Pass ☐ Fail
If Fail, which areas need to be retaken:	

Comments

Signatures

Print name:	
Signature:	Date:
Print name:	
Signature:	Date:
Print name:	
Signature:	Date:
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