

QUALIFYING EXAM A

Date of Qualifying Exam A _____ 20 _____

Student's Name _____

Mentor (if applicable) _____

Graduate Program _____

Outcome of Qualifying Exam A : Pass Fail

Student Signature _____ Date _____ 20 _____

Program Director Name _____ Signature _____ Date _____

Senior Associate Dean Name _____ Signature _____ Date _____

a) **First** email this form to your graduate program **Administrative Assistant**

b) **Then** email the original form to **Tina Marottoli**, tina.marottoli@rutgers.edu 675 Hoes Lane West, Research Tower Room 102, Piscataway, 732-235-2106