

## Doctoral Qualifying (Preliminary) Examination

\_\_\_\_\_  
Date

TO: Health Sciences Center Graduate Programs Office  
2271 Health Sciences South  
PO Box 9024  
Morgantown, WV 26506-9024

FROM: \_\_\_\_\_ (Graduate Program Director or Chairperson of Committee)

This is to certify that \_\_\_\_\_, WVU ID# \_\_\_\_\_,

a PhD candidate in the Graduate Program of \_\_\_\_\_, completed the qualifying examination(s) as follows:

Approved \_\_\_\_\_ Failed \_\_\_\_\_ Date \_\_\_\_\_

Signatures of Graduate Student Examining Committee  
or Research Advisory Committee:

Names typed:


The committee is:

- an examination committee
- the student's research advisory (dissertation) committee

\*Submit to Health Sciences Center Graduate Programs office immediately following the examination.