



School of Human Sciences
Qualifying Exam Results Form

Student Name: _____ **Student ID:** _____

Program: Child Development & Early Education
 Family Studies Marriage & Family Therapy

Results: **Written** **Oral**
 Pass Fail Pass Fail

Required Changes:

Committee Chair Signature: _____ **Date:** _____

Committee Member Signature: _____ **Date:** _____

Committee Member Signature: _____ **Date:** _____

Committee Member Signature: _____ **Date:** _____

Committee Member Signature: _____ **Date:** _____

Department Chair Signature _____ **Date:** _____

School of Human Sciences