

Indiana University School of Medicine  
Graduate Division  
**Ph.D. QUALIFYING EXAM REPORT**

*This form should be used to record the result of a qualifying exam (i.e. the exam that a Ph.D. program uses to determine transition of a doctoral path student to candidacy). If the program exam format involves several steps, this form should be used to report the final, deciding part of the exam. If there is a retake of the exam, this form should again be used to record the result of the retake exam.*

Name of student \_\_\_\_\_ University ID number \_\_\_\_\_

Ph.D. program \_\_\_\_\_

Major Professor \_\_\_\_\_

Date of student first enrollment in IUSM graduate study \_\_\_\_\_

Date of qualifying exam: \_\_\_\_\_

Advisory Committee/Qualifying Exam Committee - Signatures and Recommendations

Name	Department	Signature

Exam Result and Recommendation:

- ☐ Pass and student recommended for candidacy  
☐ Fail and student recommended to retake the exam by this date \_\_\_\_\_  
☐ Fail and student is not recommended to retake the exam

Comments

*Submit this form to the IUSM Graduate Division in MS 207 – retain a copy for the program student record and give a copy to the student.*