

**RESULTS
of the
DOCTOR OF ENGINEERING CANDIDACY EXAM**

DATE SUBMITTED _____
NAME _____ LUID# _____
ADDRESS _____ TELEPHONE _____
DEPARTMENTAL AFFILIATION _____

CANDIDACY EXAM

DATE(S) COMPLETED: _____

RECOMMENDATION: _____

COMMITTEE CHAIR: _____

CO-CHAIR (If Applicable): _____

	<u>CANDIDACY APPROVED</u>	<u>*CANDIDACY NOT</u>
<u>COMMITTEE APPROVED</u>		

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

PLEASE ATTACH A COPY OF THE QUESTIONS AND ANSWERS RECORDED.

DEPARTMENT CHAIR DATE _____

DEAN, COLLEGE OF ENGINEERING DATE _____

DEAN, COLLEGE OF GRADUATE STUDIES DATE _____

***IF NOT APPROVED ATTACH SEPARATE PAGE WITH REASON FOR
YOUR DISAPPROVAL AND YOUR RECOMMENDATION.**