

**The Graduate School  
Southern University And A&M College  
Baton Rouge, Louisiana**

**Doctoral Qualifying Examinations Results**

Student's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Department: \_\_\_\_\_

Date(s) of Examination(s): \_\_\_\_\_

**We, the undersigned certify that:**

\_\_\_\_\_  
Student's Name

Pass

Fail

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
CHAIR, Dissertation Committee

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Member, Dissertation Committee

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Member, Dissertation Committee

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Member, Dissertation Committee

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Member, Dissertation Committee

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Member, Dissertation Committee

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Department Chair/Program Director

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Dean of College/School

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Dean of the Graduate School