

University of Wah

REPORT OF QUALIFYING COMPREHENSIVE EXAMINATION PART A – WRITTEN EXAM

Name:	UW Registration No:
Department:	
1 st Attempt	
Uritten Paper-I: (Total Marks)	
Written aper ii (rotariwans)	(///
PASS	FAIL
	Chairperson of the Department
	 Dean of Faculty
	Dated:
	I the date for next Qualifying Exam – Part A in case of failure in first attempt.
rie-conditions for Second Chance	
Date for Next Exam	
Dated:	Signature of Supervisor
	<u>APPROVED</u>
Dated:	Chairperson of the Department COUNTERSIGNED
Dated	
Dated:	Dean of Faculty

Distribution

- 4 x Copies retained at Main Office, UW (1 each with Registrar, Controller of Examination, and Director Advance Studies and Research 1 x copy of this form shall be maintained in the student's dossier at the Constituent Institution).
- Copy to each Supervisor.
- Co-Supervisor (if appointed)
- Copy to sponsoring agency (if any)
- Copy to the student.