



University of Wah

REPORT OF QUALIFYING COMPREHENSIVE EXAMINATION PART B-ORAL EXAM

Name: _____ UW Registration No: _____

Department: _____

Passed Part A of the Qualifying Exam on Date: _____

PART B – ORAL EXAM

	<input type="checkbox"/> 1 st Attempt	<input type="checkbox"/> 2 ND Attempt	
	Date: _____	Date: _____	
1. Supervisory Committee Member (Convener)	QUALIFIED <input type="checkbox"/>	NOT QUALIFIED <input type="checkbox"/>	Signature _____ Name _____
2. Supervisory Committee Member 1	QUALIFIED <input type="checkbox"/>	NOT QUALIFIED <input type="checkbox"/>	Signature _____ Name _____
3. Supervisory Committee Member 2	QUALIFIED <input type="checkbox"/>	NOT QUALIFIED <input type="checkbox"/>	Signature _____ Name _____
4. Supervisory Committee Member 3	QUALIFIED <input type="checkbox"/>	NOT QUALIFIED <input type="checkbox"/>	Signature _____ Name _____
5. Co-Supervisor (Optional)	QUALIFIED <input type="checkbox"/>	NOT QUALIFIED <input type="checkbox"/>	Signature _____ Name _____

FINAL RESULT OF QUALIFYING EXAMINATION PART B☐

PASS

☐

FAIL

Finalized Research Topic: _____

Dean of Faculty

Dated: _____

List the conditions that must be met beforehand and the date for next Qualifying Exam – Part A in case of failure in first attempt.

Pre-Conditions for Second Chance _____

Date for Next Exam _____

Dated: _____

Signature of Supervisor**APPROVED**

Dated: _____

Chairperson of the Department**COUNTERSIGNED**

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.