

## Qualifying Examination Form

This is to certify that \_\_\_\_\_  **has**  **has not** passed the qualifier  
in \_\_\_\_\_ on \_\_\_\_\_, before a committee composed of the following members  
(PROGRAM) (DATE)  
(please indicate chair, if there is one):

\_\_\_\_\_  
(EXAMINER)

\_\_\_\_\_  
(EXAMINER)

\_\_\_\_\_  
(EXAMINER)

\_\_\_\_\_  
(EXAMINER)

\_\_\_\_\_  
(EXAMINER)

\_\_\_\_\_  
(EXAMINER)

\_\_\_\_\_  
(Qualifier Advisor, if applicable)

Comments:

Signature: \_\_\_\_\_  
(PROGRAM DIRECTOR) (DATE)

Please email the completed form to [gsbs-registrar@tufts.edu](mailto:gsbs-registrar@tufts.edu), and send to your Program Coordinator.