

THIRD QUALIFYING EXAM / PROPOSAL APPROVAL FORM
COLLEGE OF CRIMINAL JUSTICE

Student Name: _____

Student ID Number: _____ Date: _____

Current Address: _____

Telephone: _____ E-mail address: _____

PART I: AREA OF SPECIALIZATION EXAM Date of Exam: _____

Area of Specialization: _____

Result: Pass Conditional Pass* Fail

Conditions or Comments: _____

* If you conditionally pass Part I, you will only achieve candidacy once the committee has certified that you have satisfactorily addressed any and all conditions noted above (see back of this page).

	Name	Signature	Date
Committee Chair:	_____	_____	_____
Committee Member:	_____	_____	_____
Committee Member:	_____	_____	_____
Committee Member:	_____	_____	_____

PART II: PROPOSAL DEFENSE

Date of Defense: _____

Proposal Title: _____

Result: Pass Pass with Revisions* Fail

Required Revisions: _____

	Name	Signature	Date
Committee Chair:	_____	_____	_____
Committee Member:	_____	_____	_____
Committee Member:	_____	_____	_____
Committee Member:	_____	_____	_____

* If you pass Part II with Revisions, you will only achieve candidacy once the committee has certified that you have satisfactorily addressed any and all conditions noted above.

THIS FORM MUST BE RETURNED TO THE GRADUATE OFFICE ON THE DAY OF EACH DEFENSE

CERTIFICATION: Through signing below, the committee certifies that all conditions have been met and that the third examination requirements have been satisfied. The student can be advanced to candidacy. *This section should not be signed until required revisions are completed and approved.*

	Name	Signature	Date
Committee Chair:	_____	_____	_____
Committee Member:	_____	_____	_____
Committee Member:	_____	_____	_____
Committee Member:	_____	_____	_____

Graduate Program

John McDevitt, Director Graduate School, College of Criminal Justice

Signature: _____

Date _____