



Qualifying Examination Approval Form

Date: _____

As chair of the examination committee of

_____, I confirm that the
candidate

___ passed with distinction

___ passed

___ is requested to retake the examination by the date of

_____.

Committee Chair Name: _____

Committee Chair Signature: _____

Committee Members Name: _____

NB: Please return this form and any additional notes by addendum to be placed on file in the department

