REPORT OF THE QUALIFYING EXAM FOR ADMISSION TO CANDIDACY FOR THE DEGREE OF DOCTOR OF EDUCATION, EDUCATIONAL LEADERSHIP

PLEASE TYPE.

STUDENT NAME _____
Last First Middle ID#

ADDRESS _____
Number and Street City State Zip Telephone/Cell

Please check one.

___**The above student HAS passed the qualifying examination.**

___**The above student HAS NOT passed the qualifying examination.**

Date of Exam: _____

Kenneth Magdaleno _____ _____
Director (Print) (Signature) (Date)

If the student does not pass the qualifying examination, the re-examination has been scheduled for _____.

Please describe which portion(s) (core course[s]) of the qualifying examination the student must retake:

_____ _____
Signature of student Date

REPORT OF THE QUALIFYING EXAMINATION RETAKE

Please check one.

___**The above student HAS passed the qualifying examination.**

___**The above student HAS NOT passed the qualifying examination.**

Date of Re-exam: _____

Kenneth Magdaleno _____ _____
Director (Print) (Signature) (Date)

c: Division of Graduate Studies