

**Department of Urban and Regional Planning
Qualifying Examination Form
PhD Program in Regional Planning**

Student: _____ Adviser: _____

Date of Qualifying Examination: _____

The undersigned based on the student's oral exam performance in respect to:

- Qualifying research paper
- Written qualifying examination

Confirm that the above named student

- a) passes;
- b) does not pass;
- c) must be reexamined when the conditions indicated in the attached sheet are met.*

	Name	Signature
a b c*	_____	_____
a b c*	_____	_____
a b c*	_____	_____
a b c*	_____	_____
a b c*	_____	_____
a b c*	_____	_____

Ph.D. Program Director Signature _____

*If box "c" is appropriate, please agree as a committee on the conditions. Write these on a separate sheet and attach.

Second Qualifying Examination as Needed (Reexamination is NOT an option after a second examination.)

Date of Second Qualifying Examination: _____

	Name	Signature
a b	_____	_____
a b	_____	_____
a b	_____	_____
a b	_____	_____
a b	_____	_____
a b	_____	_____

Ph.D. Program Director Signature _____

Adviser: please send a copy to the student and return the original to the DURP departmental office for filing.