# DEPARTMENT OF MATHEMATICAL SCIENCES
# RESULTS OF QUALIFYING EXAM

Upon successful completion of all portions of the qualifying examination, this form is completed and signed by the committee members and the graduate director and forwarded (along with the graded exam) to the Department Office for addition to the student file. A passing result on the qualifying exam is in partial fulfillment of the requirements for a Doctorate in Mathematics at George Mason University.

**Student Name:** _____

**G#** _____        **Date:** _____

**Home Address:** _____

**Telephone:** _____ **E-mail:** _____

**Major Area:** _____ **Minor Area:** _____

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## Dates Administered and Results:
Major and minor area exams may be offered together or on separate days in close proximity.

Written (Date(s)): _____

Optional Oral (Date(s)): _____

Result (Pass, Conditional or Fail):_____

## Additional Requirements for Completion:
_____
_____
_____
_____
_____
_____
_____
_____

Department of Mathematical Sciences, George Mason University
Results of Qualifying Examination

**Student**

Name: _____

_____          _____
(SIGNATURE)                                             (DATE)


**Examination Committee**

Advisor & Affiliation: _____

_____          _____
(SIGNATURE)                                             (DATE)


Member & Affiliation: _____

_____          _____
(SIGNATURE)                                             (DATE)


Member & Affiliation: _____

_____          _____
(SIGNATURE)                                             (DATE)


**Director of Graduate Studies:** _____

_____          _____
(SIGNATURE)                                             (DATE)

Department of Mathematical Sciences, George Mason University
Results of Qualifying Examination