

**DEPARTMENT OF MATHEMATICS AND STATISTICS**  
**UNIVERSITY OF MARYLAND, BALTIMORE COUNTY**

**Report of the PhD Oral Qualifying Examination Committee**

**Name:**

**Examination Date:**

**Members of the Examination Committee Present:** *(Those present should sign and date this form in the spaces provided. The Chairman of the Committee should be listed first.)*

<u>Committee Member</u>	<u>Signature</u>	<u>Date</u>
1. Dr.	_____	_____
2. Dr.	_____	_____
3. Dr.	_____	_____
4. Dr.	_____	_____
5. Dr.	_____	_____

**The Committee's Recommendations:** *(These may include pass, conditional pass or fail as options, and should be signed by the Chairman of the Committee. The completed form should be returned to the Director of Graduate Programs.)*

Approved: \_\_\_\_\_  
                  Dr. \_\_\_\_\_, Chair

Date: \_\_\_\_\_