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*.)

Committee Member	Signature	Date
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: _____ Date: _____
Dr. , Chair