FORM A – Qualifying Exam

THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
NOTIFICATION OF COMPLETION OF THE QUALIFYING ASSESSMENT AND NOTIFICATION OF ADMISSION TO DOCTORAL CANDIDACY

Doctoral Program Director: Return the completed form, with all signatures, to:
docstudy@montclair.edu

Student Name: _____ CWID #: _____

Address: _____ Date: _____

_____ Program: _____

I. COMPLETION OF QUALIFYING ASSESSMENT

☐ Attempt Number 1 ☐ Attempt Number 2

(Please attach a copy of the qualifying assessment or a detailed summary of the assessment to this form.)

II. ADMISSION TO DOCTORAL CANDIDACY

Doctoral Program Director: Please review the eligibility requirements for advancement to doctoral candidacy, make one of the following determinations.

To be eligible for admission to candidacy for a doctoral degree, student must have:

1. A cumulative grade point average equal to or greater than 3.0 in the doctoral program courses;
2. No more than six (6) semester hours of coursework graded at the C-level and no failing grades; and
3. Successful performance on the qualifying assessment.

☐ I certify that this doctoral student has satisfied all the requirements for **admission to doctoral candidacy**.

Qualifying Exam Completed: _____ _____
Month Year

_____ _____ _____
Doctoral Program Director Signature Date

The Graduate School's Use Only

☐ Approved ☐ Denied (Comments:_____)

Qualifying Examination Passed: _____ _____
Month Year

Admitted to Doctoral Candidacy: _____ _____
Month Year

_____ _____
Signature, Dean of The Graduate School or Designee Date

Distribution: The Graduate School, Doctoral Program Director, Registrar's Office, Student