

Doctoral Committee Approval and Qualifying Examination Results Form

Student name: _____
(Last Name, First Name)

VCU ID number: _____ Major: _____

Academic program: _____ Emphasis area: _____
(If applicable)

Universities/colleges attended with degrees and dates: _____

<u>Name</u>	<u>Academic program</u>	<u>Email address</u>
1. _____ Chair	_____	_____
2. _____ Member	_____	_____
3. _____ Member	_____	_____
4. _____ Outside member	_____	_____
5. _____ Outside member	_____	_____
6. _____ Member (Optional)	_____	_____

Results of the qualifying process: Passed Failed*

I am aware that research involving human subjects (including surveys) requires Institutional Review Board (IRB) approval and that the Institutional Animal Care and Use Committee (IACUC) must review and approve most research dealing with animal subjects. I will comply with all current applicable VCU regulations pertaining to research on human subjects or animals before and during all stages of my research.

_____ Student signature	_____ Date	_____ Adviser signature	_____ Date
_____ Graduate Program Director	_____ Date	_____ Associate Dean of Graduate Studies	_____ Date

DO NOT WRITE IN THIS BOX (office use only)	As of _____, official transcripts <input type="checkbox"/> are <input type="checkbox"/> are not on file.
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Initial: _____