

**The Graduate School  
Southern University And A&M College  
Baton Rouge, Louisiana**

**Masters Qualifying Examinations Results**

Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Department: \_\_\_\_\_

Date(s) of Examination(s): \_\_\_\_\_

**We, the undersigned certify that:**

\_\_\_\_\_  
Student's Name

Has Passed                       Has not Passed

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
CHAIR, Committee

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Member, Committee

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Member, Committee

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Member, Committee

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Member, Committee

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Member, Committee

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Director of Graduate Programs

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Dean of College/School

\_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Dean of the Graduate School