Physical Science & Engineering Division Ph.D. Qualifying Exam



Ph.D. Qualifying Exam (QE) Request (part_1)						
	are the written docum	ent with your C	gether with the QE proposa RE Committee at least <u>two (2</u> date;			
Student's Name:					KAUST ID:	
Academic Program:	Chemistry (Chem)	Program Type (M.Sc./Ph.D. or Ph.D.):				
Title of the Research Proposal for the QE:						
Arranged Date for the QE (YYYY-MM-DD):						
		Request	ed QE Committee			
 Guidelines: QE Committee must include the following members: Member_1 (Academic Advisor): faculty (primary or secondary affiliation to the Chemistry Program) Member_2: faculty (primary or secondary affiliation to the Chemistry Program) Member_3: faculty (primary or secondary affiliation to the Chemistry Program) 						
Member_1:						
Member_2:						
Member_3:						
Student's Signature:				Date (YYY	Y-MM-DD):	
Chemistry Program Chair Approval						
Name:		Signature:		Date:		

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Ph.D. Q	E Evaluation (part_2)						
Guidelines: 1) after the evaluation by the Committee Members, submit the form to the GPSA together with final QE proposal document within two (2) working days after the exam, regardless of the exam outcome; 2) leave cells "Signature" and "Date" empty, the GPSA will collect all required signatures and signing dates;							
Outcom	ne: 🗆 Pass	☐ Pass with Conditions		☐ Fail with Retake		☐ Fail without Retake	
Comme	nts:						
QE Committee Approval							
Member_1 (Academic Advisor)							
Name:		Signature:			Date:		
Member 2							
Name:		Signature:			Date:		
Membe	r_3						
Name:		Signature:			Date:		
Program Approval							
Graduat	e Program Student Advisor						
Name:		Signature:			Date:		
Chemistry Program Chair							
Name:		Signature:			Date:		

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Ph.D. QE Retake Evaluation (part_3)							
Guidelines: 1) after the evaluation by the Committee Members, submit the form to the GPSA together with final QE proposal document within two (2) working days after the retake, regardless of the exam outcome; 2) leave cells "Signature" and "Date" empty, the GPSA will collect all required signatures and signing dates;							
Date of Retake (YYYY-MM-DD):							
Outcon	ne: 🗆 Pass	☐ Pass	☐ Pass with Conditions		☐ Fail without Retake		
Comme	nts:						
		QE Com	mittee Approval				
Membe	r_1 (Academic Advisor)						
Name:		Signature:		Date:			
Membe	r_2						
Name:		Signature:		Date:			
Member 3							
Name:		Signature:		Date:			
Program Approval							
Graduat	te Program Student Advisor						
Name:		Signature:		Date:			
Chemistry Program Chair							
Name:		Signature:		Date:			