

Lamar University
Department of Deaf Studies and Deaf Education
Doctoral Program in Deaf Education (Ed.D.)
Results of the Preliminary Exam

Date of Examination: _____

Candidate's Name: _____ LU#: _____

Recommendations Made by Doctoral Committee Following Qualifying Examination (e.g., pass, fail, rewrite specific sections, take additional courses):

Signatures/Approvals:

<u>Committee</u>	<u>Printed Name/Signature</u>	<u>Approved</u>	<u>Not Approved</u>
Doctoral Advisor	_____	<input type="checkbox"/>	<input type="checkbox"/>
Committee Member	_____	<input type="checkbox"/>	<input type="checkbox"/>
Committee Member	_____ _____	<input type="checkbox"/>	<input type="checkbox"/>

Department Chair Date: _____

Dean /Fine Arts and Communication Date: _____

Dean of Graduate Studies Date: _____