



MPP Qualifying Examination Report

Student Name:

Date of Examination:

Year of Matriculation:

Overall Evaluation:

Pass

Conditional Pass

Fail

Evaluation Criteria: *(Please provide overall evaluation and comments)*

Written Proposal:

Pass

Conditional Pass

Fail

Oral Defense:

Pass

Conditional Pass

Fail

Breadth of Knowledge:

Pass

Conditional Pass

Fail

For conditional pass, please indicate the plan for re-evaluation:

Deadline for completion:

Committee Chair Date

Committee Member Date

Committee Member Date

Advisor Date

Committee Member Date

Committee Member Date

Committee Chair: *Please mail the original signed form to Jessica Bello at Box GB3, or email a scan of the signed form to Jessica_Bello@brown.edu and Anita_Zimmerman@brown.edu. Please issue a copy to the student and keep a copy for your records. Thank you.*