



## TSGP 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	Advisor	Date
_____	_____	_____	_____
Committee Member	Date	Committee Member	Date
_____	_____	_____	_____
Committee Member	Date	Committee Member	Date

**Committee Chair:** Please mail the original signed form to Kimberly Elber at Box G-A2, or email a scan of the signed form to Ruth\_Mattson@brown.edu, Diana\_Horrigan@brown.edu and Sean\_Lawler@brown.edu. Please issue a copy to the student and keep a copy for your records. Thank you.