

**Rensselaer Polytechnic Institute**  
**Department of the Arts**  
**Record of Qualifying Examination (Ph.D.)**

Student \_\_\_\_\_

RIN \_\_\_\_\_

Email \_\_\_\_\_

Advisor \_\_\_\_\_

Date of Oral Exam \_\_\_\_\_

Recommendation of the Doctoral Committee:

\_\_\_\_ Passed

\_\_\_\_ Failed

Signatures of Doctoral Committee

Print

Sign

Date

_____	_____	_____
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COPIES OF THIS FORM MUST GO TO THE STUDENT, THE STUDENT'S ADVISOR, THE ARTS GRADUATE PROGRAM DIRECTOR, AND THE HASS GRADUATE STUDENT SERVICES ADMINISTRATOR.