

**SCHOOL OF MARINE SCIENCE
QUALIFYING EXAMINATION GRADE FORM**

| | | | | |
|-------------------|--------------------|---------------|-----------|----------------|
| STUDENT LAST NAME | STUDENT FIRST NAME | M.I. | BANNER ID | DEGREE PROGRAM |
| DEPARTMENT | | EMAIL ADDRESS | | |

Dissertation or Thesis Research Title:

We have administered a qualifying examination to the above-named student on: _____ date _____ for _____ degree program

The grade received is: ☐ PASS ☐ FAIL

Comments: _____

| APPROVAL SIGNATURES (SIGNATURES OF ALL ADVISORY COMMITTEE MEMBERS REQUIRED) | |
|---|------|
| MODERATOR | DATE |
| MAJOR ADVISOR | DATE |
| CO-MAJOR ADVISOR | DATE |
| COMMITTEE MEMBER #1 | DATE |
| COMMITTEE MEMBER #2 | DATE |
| COMMITTEE MEMBER #3 | DATE |
| COMMITTEE MEMBER #4 | DATE |
| COMMITTEE MEMBER #5 | DATE |

PLEASE RETURN THIS FORM WITH ORIGINAL SIGNATURES TO THE SMS REGISTRAR, WATERMEN'S HALL ROOM 253
EXTERNAL COMMITTEE MEMBERS CAN SUBMIT FORM ELECTRONICALLY TO REGISTRAR@VIMS.EDU.