



DOCTORAL QUALIFYING EXAM VERIFICATION

(Required along with POS for Student's Admission to Candidacy – **Please Send Together**)

(Student must be in Candidacy at least one year prior to graduation.)

Today's Date: _____

Student's Name: _____

Department: _____ USC ID: _____

Date of Qualifying Exam: _____

Comments: _____

I verify that the above named student has successfully passed the
Doctoral Qualifying Exam.

Student's Major Professor: _____

Department Graduate Director: _____

Student Admitted to Candidacy: _____

Graduate School Coordinator's Initials: _____