



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 Ruth Mattson at BMC-GG 493, 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.*