

Department of Astronomy and Planetary Science

Prospectus and Qualifying Examination Outcome Form

Student Name:	
Last	First
Email Address:	NAU ID:
	NAU ID
Primary Advisor(s):	
	Date of Submission or
First Semester at NAU:	Qualifying Exam: / /
Deliverable (Select One):	Result (Select One):
Written Prospectus	Unconditional Pass
Oral Qualifying Exam	Pass With Conditions
	🗖 Fail

If the result is a '**Pass with Conditions**' or '**Fail**,' circle any condition(s) below and describe the requirements and timeline that the student must meet to either satisfy the committee's conditions or to resubmit/retake the written prospectus/oral exam.

Additional Coursework	Supplemental Presentation(s)	Modification to Research Plan	Other Condition(s)
Details:			

By signing this document, all parties are accepting of this decision and any associated conditions. The student will have <u>no more than five business days</u> following the date of the Department Chair's signature to accept or appeal the decision regarding this outcome. Notice of appeal must be sent in writing to both the Department Chair and Primary Advisor.

Primary Advisor:

Print Name	Signature	Date
Research Advisory Com	mittee Members:	
Print Name	Signature	Date
Graduate Program Coor	rdinator:	
Print Name	Signature	Date
Department Chair:		
Print Name	Signature	Date
Student:		
Print Name	Signature	Date

The original copy of this form is to be held with the Department of Astronomy and Planetary Science. Copies are to be sent to the Primary Advisor and the Student.