Prospectus and Qualifying Examination Outcome Form

Student Name: ____________________________________   ____________________________

Email Address: ____________________________   NAU ID:_____________________

Primary Advisor(s): ____________________________

First Semester at NAU: ______________________   Qualifying Exam: _____ / _____ / _______

Deliverable (Select One):
☐ Written Prospectus
☐ Oral Qualifying Exam

Result (Select One):
☐ Unconditional Pass
☐ 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 no more than five business days 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 Committee Members:

Print Name                                                 Signature                                                 Date

Graduate Program Coordinator:

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.