



NYU Chemistry

Certification of Qualifier Examination Completion

Last Name: _____ First Name: _____

NYU ID: N _____ Email: _____@nyu.edu

The above-named doctoral candidate

- Passed with distinction**
- Passed**
- Conditionally passed; Conditions: _____**
- Failed with an option for re-examination**
- Failed**

their Qualifier Examination.

(Print Advisor name)

(Signature)

(Date)

(Print Committee Member name)

(Signature)

(Date)

(Print Committee Member name)

(Signature)

(Date)

(Print Committee Member name)

(Signature)

(Date)