REGISTRAR

YALE UNIVERSITY

GRADUATE SCHOOL OF ARTS AND SCIENCES

Qualifying Examination / Prospectus Certification

Name: _____ _____ SID: _____
Last First

Department: _____ Year of Study (current): _____

To be completed by the Director of Graduate Studies (please save before printing):

The student named above has fulfilled the following requirement(s) for the Doctor of Philosophy:

The **Qualifying Examination** was completed on: _____
Date

Check here if the student passed the examination with distinction: ☐

The **Dissertation Prospectus** was approved on: _____
Date

N.B. A copy of the prospectus must accompany this form when certifying approval of the prospectus.

Working Title of the Dissertation: _____

_____

Advisor / Committee Chairperson: (Please Print) _____

Signature: _____ _____
Director of Graduate Studies Date

After department approval, either (1) fax to 203-777-6101 or
(2) send to Graduate School Registrar, 246 Church Street, 3rd floor, New Haven, CT 06511