



**Department of Human Development, Family Studies, & Counseling**

**Qualifying Exam Results Form**

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Program:**  Child Development & Early Education  
 Family Studies       Marriage & Family Therapy

**Results:** **Written**      **Oral**  
 Pass     Fail       Pass     Fail

**Required Changes:**

**Committee Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Committee Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Committee Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Committee Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Committee Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Chair Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_