## **Kuwait University College of Graduate Studies**



## **Qualifying Examination Committee**

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•••		College:				
ation Date:		Exam Venue:				
	Exam	Candidates				
Student No	Student Name				Remarks	
			-			
<u> </u>	Proposed Exar	nination Comr	mittee	<u>                                     </u>		
Faculty name	ID ID	Academic	Department/College Signature			
		rank				
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Signature & Stamp of Program Director:				Date:		
Signature & Stamp of Area Committee Chairp		rperson:		Date:		
e only						
-	Approved emarks:		Not approve	4		
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	Faculty name	Proposed Exar Faculty name ID  Tre & Stamp of Program Director:	Proposed Examination Community Faculty name ID Academic rank	Student No Student Name Atternation Committee  Proposed Examination Committee  Faculty name ID Academic rank Department rank  Department rank	Student No Student Name Attempt 1st 2nd Proposed Examination Committee  Proposed Examination Committee  Faculty name ID Academic rank Department/College rank  The stamp of Program Director: Date:	