



Kuwait University
College of Graduate Studies

Qualifying Examination Committee

Program Director Use

Program:

College:

Examination Date:

Exam Venue:

Exam Candidates

	Student No	Student Name	Attempt		Remarks
			1 st	2 nd	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Proposed Examination Committee

	Faculty name	ID	Academic rank	Department/College	Signature
1.					
2.					
3.					
4.					

Signature & Stamp of Program Director:

Date:

Signature & Stamp of Area Committee Chairperson:

Date:

CGS Use only

Approved

Not approved

Remarks:

Signature & Stamp of CGS Dean:

Date: