



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

**Qualifying Examination Results (Confidential)**

**Program Director Use**

Program:

College:

Examination Date:

Exam Venue:

**Examination Results**

	Student ID	Student Name	Result (please select)	Attempt		Remarks
				1 <sup>st</sup>	2 <sup>nd</sup>	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

**Examination Committee**

	Full name	Signature	Date
1.			
2.			
3.			
4.			
5.			

Signature & Stamp of Program Director:

Date:

Signature & Stamp of Area Committee Chairperson:

Date:

**CGS Use only**

Result posted by:

Signature:

Date:

Signature & Stamp of Vice Dean for Student Affairs:

Date: