



YALE UNIVERSITY

GRADUATE SCHOOL OF ARTS AND SCIENCES

Qualifying Examination / Prospectus Certification

Name: _____ Last First	SID: _____ 9 digits, starts with 9, see ID
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

Upon completion please email to registrar.gsas@yale.edu or fax to (203) 436-9765