

**Maharishi
University of
Management**

Enrollment Center

Name	Semester	Year

Student I.D. Number	_____	
Student Box Number	_____	
<i>or</i> Off-Campus Address		

<i>and</i> Phone Number	e-mail	
_____	_____	

RESULTS OF DOCTORAL QUALIFYING EXAMINATIONS

Graduate Program: _____ Date: _____

Examiner	Field	Date	Passed (Y or N)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Recommended for continuing in the doctoral program: Yes No

PROGRAM DIRECTOR DATE

DEAN OF GRADUATE SCHOOL DATE