



**Report of Completion of the Qualifying Exam and Advancement to Candidacy for the Doctoral Degree in Educational Leadership at CSUSB**

This form must be completed within 3 business days of receiving the status of your qualifying exam. If you are using the web form, once completed and signed by you, it will be automatically sent to the appropriate parties. However, if you are using the PDF version, complete the top and bottom section of the form and sign it. Then email the form to [edd@csusb.edu](mailto:edd@csusb.edu) for the Program Director's signature. Kindly ensure that the COMPLETED form is sent to [edd@csusb.edu](mailto:edd@csusb.edu) along with the completed Program Plan. If you request signatures via Adobe Sign, please CC [edd@csusb.edu](mailto:edd@csusb.edu), but DO NOT request signatures from [edd@csusb.edu](mailto:edd@csusb.edu) through Adobe Sign. If you need assistance, please contact our office at [edd@csusb.edu](mailto:edd@csusb.edu).

**I. Completed by Student**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID # \_\_\_\_\_ Cohort # \_\_\_\_\_

**II. Completed by the Program**

**• Please check one:**

\_\_\_\_\_ The student **has passed** the Qualifying Examination

\_\_\_\_\_ The student **has not passed** the Qualifying Examination

Date of the Examination: \_\_\_\_\_

\_\_\_\_\_  
Director Signature Date

**○ Students Who Did Not Pass the Qualifying Examination**

If the student did not pass the Qualifying Examination, the re-examination has been scheduled for the following date.

Date of Second Examination: \_\_\_\_\_

The following portions of the Qualifying Examination must be taken again:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**○ Report of the Second Attempt at the Qualifying Examination**

\_\_\_\_\_ The student **has passed** the Qualifying Examination

\_\_\_\_\_ The student **has not passed** the Qualifying Examination

Date of the Examination: \_\_\_\_\_

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Director Signature

Date

III. **Completed by the Student**

**Advancement to Candidacy**

I, \_\_\_\_\_ have completed my core courses and passed my qualifying examination and am now applying for Doctoral Candidacy. I have attached my Program Plan to this form.

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Student Signature

Date

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Director Signature

Date

**(Note: This form is not completed unless the students' completed Program Plan is attached.)**