



**FACULTY OF ENGINEERING SCIENCE
& TECHNOLOGY / ZIAUDDIN UNIVERSITY**

**REPORT OF QUALIFYING EXAMINATION
ORAL EXAMINATION**

Name: _____

Enrollment No. _____ Degree Program: _____

Department: _____

Comprehensive Attempt: _____ 1st Attempt Date: _____ 2nd Attempt Date: _____

Examiner	Qualified	Not Qualified	Signature
_____			_____
_____			_____
_____			_____
_____			_____

FINAL RESULT OF THE QUALIFYING EXAMINATION

PASS

FAIL

List the conditions that must be met beforehand and the date for next Qualifying Exam in case of failure. Write down the preconditions below:

Date: _____

Chairperson of the Department

Date: _____

Director, PG Studies (ZUFEST)

(in case of appear in 2nd attempt only)

Date of Next Examination: _____

Date: _____

Director, PG Studies (ZUFEST)