



FACULTY OF ENGINEERING SCIENCE & TECHNOLOGY / ZIAUDDIN UNIVERSITY

REPORT OF QUALIFYING EXAMINATION WRITTEN EXAMINATION

Name: _____

Enrollment No. _____ Degree Program: _____

Department: _____

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

Examiner	Pass	Appear in oral exam	Fail	Signature
_____				_____
_____				_____
_____				_____
_____				_____

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

Date: _____

Chairperson of the Department

Date: _____

Director PG Studies (ZUFEST)

(in case of appear in oral exam or 2nd attempt only)

Comprehensive Examination (Written)

Comprehensive Examination (Oral)

Date of Next Examination: _____

Date: _____

Director PG Studies (ZUFEST)