

Indiana University
Computer Science
Luddy School of Informatics, Computing, and
Engineering
Post-Qualifying Examination Form

Student Name: _____ **University ID:** _____

Minor: _____ **Admit Term:** _____

Date of examination: _____ **Results and Recommendations (pass or fail):** _____

If the exam is failed, it may be retaken once, by the end of the third year. Please indicate re-examination date below. Students that fail the exam may be encouraged to apply for degree conferral of the CS MS.

Re-Examination Date: _____ **Results and Recommendations (pass or fail):** _____

Advisory Committee

Advisory Committee Chair: _____

Signature: _____ Date: _____

Luddy Graduate Studies Office

Director of Graduate Administration: _____

Signature: _____ Date: _____

Submit completed and signed request to Luddy Hall, Room 1113, | Email to gradvise@indiana.edu