

Indiana University  
Computer Science  
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: \_\_\_\_\_

**Computer Science Graduate Studies Office**

Director of Graduate Administration: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit completed and signed request to Luddy Hall, Room 1113, | Email to [sicecsiu@indiana.edu](mailto:sicecsiu@indiana.edu)**