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## REPORT OF Ph.D. QUALIFYING EXAMINATION

TO: Department of Geology and Geophysics

FROM: Ph.D. Committee of \_\_\_\_\_  
(Student Name)

Date of Oral Qualifying Exam: \_\_\_\_\_

Check one:  Passed  Low Pass  Fail

Committee Recommendation:

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Chair: \_\_\_\_\_

Graduate Faculty Representative: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

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