Qualifying Examination Committee Approval Form

Student: ___________________________ Student’s UM ID: ___________________________

(Last Name, First Name)

The composition of the Qualifying Examination Committee includes two Faculty members from
Kinesiology (the student’s Faculty Advisor and at least one other Kinesiology Faculty from the student’s
unit of study) and one cognate Faculty member from another unit at the University of Michigan (UM).
One tenured member of the Committee must be designated as the Ensurer of Fairness and Equity (EFE).
The student’s Faculty Advisor must register the Qualifying Examination Committee by submitting this
form to the Kinesiology Coordinator of Graduate Student Affairs for approval by the Associate Dean for
Graduate and Faculty Affairs (ADGFA) at least 10 weeks prior to the start of Qualifying Examination.
The Committee must be approved by the ADGFA prior to the start of the Qualifying Examination.

<table>
<thead>
<tr>
<th>Committee Member Role</th>
<th>Printed Name of Committee Member</th>
<th>Committee Member UM Rank and Unit Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Student’s Kinesiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty Advisor (Chair)</td>
<td></td>
<td></td>
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<tr>
<td>*Kinesiology Faculty</td>
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<tr>
<td>*UM Cognate Faculty</td>
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<tr>
<td>Other Faculty</td>
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</tr>
</tbody>
</table>

* Required Members

Name of Ensurer of Fairness and Equity (EFE): ____________________________________________

Advisor’s Signature: __________________________ Date: __________________________

Student’s Signature: __________________________ Date: __________________________

This section is to be completed by the Associate Dean for Graduate and Faculty Affairs

Committee Status: _____ Committee Approved _____ Committee Not Approved *

*Reason(s) for Non-Approval of Committee:

Associate Dean’s Signature: __________________________ Date: __________________________
Qualifying Examination Committee Meeting Form

The purpose of this form is to verify the meeting and understanding of the student and the Qualifying Examination Committee regarding the nature (format, content, dates, etc.) of the Qualifying Examination. Students must meet with Committee members at least 8 weeks prior to the start of the Qualifying Examination. All Committee members must attend this meeting. This form must be submitted to the Kinesiology Coordinator of Graduate Student Affairs no later than one week after the Qualifying Examination Committee Meeting. The preparation resources for the examination must be finalized and communicated to the student no later than two weeks after the Qualifying Examination Committee Meeting. This may or may not require additional meetings between the Committee and the student.

General Description of Qualifying Examination (format, questions, activities, assessments, etc.). (Attach a separate sheet if necessary)

General Description of Student Preparation Resources/Materials (Attach a separate sheet if necessary)

Timeline/Date(s) for Written Examination(s): ________________________________

Date of Oral Examination: ____________________________________________

<table>
<thead>
<tr>
<th>Qualifying Examination Meeting Participants</th>
<th>Printed Name of Meeting Participants</th>
<th>Signatures attesting to the conditions of the Examination</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Kinesiology Faculty Advisor (Chair)</td>
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<td></td>
<td></td>
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<tr>
<td>Kinesiology Faculty</td>
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<tr>
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<tr>
<td>Other Faculty</td>
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<tr>
<td>Student</td>
<td></td>
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</tbody>
</table>
Qualifying Examination Committee Evaluation Form

Student: _________________________________ Student’s UM ID: ______________________
(Last Name, First Name)

This form is used to record the Qualifying Examination Committee’s evaluation of the student’s performance on the Qualifying Examination. There are two components of the Qualifying Examination process that must be successfully passed: (a) a written component, and (b) an oral component. The options for evaluating the student’s Qualifying Examination performance include: Pass, Fail, or Conditional Pass. Conditional Pass indicates that some elements of the examination were not adequate to earn a Pass, but the sense of the Committee is that this may be remedied with additional work. If the conditions are not satisfactorily met, the student receives a Fail. This form must be submitted to the Kinesiology Coordinator of Graduate Student Affairs no later than one week after the oral exam. The Faculty Advisor must inform the student of the results of the Qualifying Examination no later than one week after the oral examination.

If the student received a Pass, the written examination materials must be submitted along with this form. If the student received a Fail, the examination materials along with a separate attachment explaining the reason for the failure must be submitted with this form. If the student received a Conditional Pass, the exam materials along with a separate attachment explaining the conditions required for a Pass must be submitted with this form. Also, in the case of a Conditional Pass, once the final evaluation decision is rendered, the Qualifying Examination Conditional Pass Evaluation Form (Appendix D) must be completed and submitted.

Written Examination Date(s):_________________________________________________________

Oral Examination Date: _____________________________________________________________

Committee Evaluation of Student’s Performance on Written and Oral Qualifying Examination:

<table>
<thead>
<tr>
<th>Committee Members</th>
<th>Performance: Circle One</th>
<th>Printed Name of Committee Member</th>
<th>Signature of Committee Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Kinesiology Faculty Advisor (Chair)</td>
<td>Pass Fail Conditional Pass</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kinesiology Faculty</td>
<td>Pass Fail Conditional Pass</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UM-Cognate Faculty</td>
<td>Pass Fail Conditional Pass</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Faculty</td>
<td>Pass Fail Conditional Pass</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Committee’s Overall Assessment: _____ Pass _____ Fail * _____ Conditional Pass*

*Faculty Advisor must attach an additional page(s) explaining the reason(s) for a ‘Fail’ or the outstanding requirements for a ‘Conditional Pass.’ Note: For a Conditional Pass, the Qualifying Examination Conditional Pass Evaluation Form (Appendix D) must also be completed.

Faculty Advisor’s Signature: _____________________________   Date: __________
Qualifying Examination Committee Conditional Pass Evaluation Form

This form should be completed for any student who received a Conditional Pass on their initial Qualifying Examination. It should be completed when all of the conditions have been met, or it has been determined that the conditions have not been met. This form is due no later than one week after the final evaluation/decision has been made.

Student: ___________________________  Student’s UM ID: ___________________________
(Last Name, First Name)

Committee Evaluation of Conditional Requirements of Qualifying Examination

<table>
<thead>
<tr>
<th>Committee Members</th>
<th>Evaluation: Circle One</th>
<th>Signature of Committee Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Kinesiology Faculty Advisor (Chair)</td>
<td>Pass   Fail</td>
<td></td>
</tr>
<tr>
<td>Kinesiology Faculty</td>
<td>Pass   Fail</td>
<td></td>
</tr>
<tr>
<td>UM-Cognate Faculty</td>
<td>Pass   Fail</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Pass   Fail</td>
<td></td>
</tr>
</tbody>
</table>

Faculty Advisor’s Comments on the improvement(s) or lack of improvement(s) to the initial Examination relative to the student achieving a Passing status:

Faculty Advisor’s Signature: ___________________________  Date: ___________________
Student: _________________________________  Student’s UM ID: ______________________

(Last Name, First Name)

This form contains an evaluation of evidence of the criteria and requirements for the Qualifying Examination. It is also a report and testament of the fairness and equity of the examination.

Criteria for Kinesiology Qualifying Examination Questions, Activities, Assessments

☐ Yes  ☐ No: Examination tested appropriate knowledge of the field or fields of study for that student (breadth and depth is defined by the student's Qualifying Examination Committee)

☐ Yes  ☐ No: Examination tested ability to integrate information from various disciplines

☐ Yes  ☐ No: Examination tested ability to critically evaluate the literature in terms of both substance and methodology

☐ Yes  ☐ No: Examination tested ability to solve problems creatively

☐ Yes  ☐ No: Examination tested ability to articulate the significance of the chosen area of inquiry

Requirements of Kinesiology Qualifying Examinations

☐ Yes  ☐ No: Meeting between Student and Committee Members

☐ Yes  ☐ No: Written Examination

☐ Yes  ☐ No: Oral Examination

Overall Evaluation of the Qualifying Examination Process (Check all that apply):

_____ This Examination process met the criteria and requirements of the Kinesiology Qualifying Examination.

_____ This Examination process did not meet the criteria and requirements of the Kinesiology Qualifying Examination.

_____ This Examination process was fair.

_____ This Examination process was not fair.

Explanation/Reason(s) for Evaluations: Please offer specific comments regarding the oral exam, written exam, and/or overall evaluation of the process (attach additional sheets if necessary):

Printed Name of EFE:   ________________________________________________________

Signature of EFE:    ______________________________________   Date: ____________