

Qualifying Examination Committee Approval Form



SCHOOL OF KINESIOLOGY

OFFICE OF GRADUATE STUDENT AFFAIRS
UNIVERSITY OF MICHIGAN

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.

Committee Member Role	Printed Name of Committee Member	Committee Member UM Rank and Unit Affiliation
*Student's Kinesiology Faculty Advisor (Chair)		
*Kinesiology Faculty		
*UM Cognate Faculty		
Other Faculty		

** 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



SCHOOL OF KINESIOLOGY

OFFICE OF GRADUATE STUDENT AFFAIRS
UNIVERSITY OF MICHIGAN

Student: _____ Student's UM ID: _____
(Last Name, First Name)

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: _____

Qualifying Examination Meeting Participants	Printed Name of Meeting Participants	Signatures attesting to the conditions of the Examination	Date
Student's Kinesiology Faculty Advisor (Chair)			
Kinesiology Faculty			
UM Cognate Faculty			
Other Faculty			
Student			

Qualifying Examination Committee Evaluation Form



SCHOOL OF KINESIOLOGY

OFFICE OF GRADUATE STUDENT AFFAIRS
UNIVERSITY OF MICHIGAN

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:

Committee Members	Performance: Circle One	Printed Name of Committee Member	Signature of Committee Member
Student's Kinesiology Faculty Advisor (Chair)	Pass Fail Conditional Pass		
Kinesiology Faculty	Pass Fail Conditional Pass		
UM-Cognate Faculty	Pass Fail Conditional Pass		
Other Faculty	Pass Fail Conditional Pass		

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

Committee Members	Evaluation: Circle One	Signature of Committee Member
Student's Kinesiology Faculty Advisor (Chair)	Pass Fail	
Kinesiology Faculty	Pass Fail	
UM-Cognate Faculty	Pass Fail	
Other	Pass Fail	

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: _____

Qualifying Examination Ensurer of Equity & Fairness (EFE) Evaluation Form



SCHOOL OF KINESIOLOGY

OFFICE OF GRADUATE STUDENT AFFAIRS
UNIVERSITY OF MICHIGAN

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: _____