



GRADUATE STUDIES
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Evaluation of Written Examination

ADV Form 8b

IMAGING: GRSExams
 Admit Year/Term:

Student Information

Name _____				BYU ID _____
Current Mailing Address _____				Graduate Department _____
City _____	State or Province _____	Postal Code _____	Country _____	Graduate Program _____
Telephone Number _____	E-mail Address _____		Graduate Degree _____	
Country of Citizenship _____	US Permanent Resident # (If applicable) _____		Semester/Term and Year Admitted: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer _____ Year	

Department Evaluation

*Enter examination results of Pass or Pass with Qualifications on AIM page ADV08.
 If the examination result is Fail, send this form to Graduate Studies (105 FPH).*

- Pass
- Pass with Qualifications - The following requirement(s) must be met to the satisfaction of the examiner before the student passes the examination:
- Fail - Please explain:

 Date of Examination

 Printed Name of Examiner

 Original Signature of Examiner

 Date

 Printed Name of Graduate Coordinator or Department Chair

 Original Signature of Graduate Coordinator or Department Chair

 Date

Office Use Only

ADV08

Initials: _____ Date: _____