OFFICE OF GRADUATE STUDIES

Ph. D. EXAMINATION REPORT

This form must be submitted to the Office of Graduate Studies, Fenster Hall, Suite 140 upon completion of grading for qualifying, specialization, parts of multipart qualifying, or any other Ph.D. examination except for the research proposal and dissertation defense which are reported on other forms.

Student Name _____ ID # _____

Type of Ph.D. Examination _____

Ph.D. Program _____ Examination Date _____

EXAMINATION COMMITTEE INFORMATION

Examination Committee Chair:

Name	Department/Affiliation	Rank	
Print			Signature

Members of Examination Committee:

Name	Department/Affiliation	Rank	
Print			Signature
Print			Signature
Print			Signature
Print			Signature
Print			Signature
Print			Signature

Proctor for Examination (please print name): _____

Results of Examination: □ **Pass** □ **Fail** □ **Pass with Conditions**

Conditions: _____

_____

Date conditions have been met | Print Name | Signature

Doctoral Program Director

Print Name | Signature | Date

Department Chair

Print Name | Signature | Date

Graduate Studies

Print Name | Signature | Date

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