

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 _____	I.D. # _____
Last <span style="margin-left: 150px;">First</span>	
Type of Ph.D. Examination _____	
Ph.D. Program _____	Examination Date _____

**EXAMINATION COMMITTEE INFORMATION**

**Examination Committee Chair:**

Name	Department/Affiliation	Rank	
_____	_____	_____	_____
<small>Print</small>			<small>Signature</small>

**Members of Examination Committee:**

Name	Department/Affiliation	Rank	
_____	_____	_____	_____
<small>Print</small>			<small>Signature</small>
_____	_____	_____	_____
<small>Print</small>			<small>Signature</small>
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<small>Print</small>			<small>Signature</small>
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<small>Print</small>			<small>Signature</small>
_____	_____	_____	_____
<small>Print</small>			<small>Signature</small>

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