

# 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 _____	I.D. # _____
Last _____ First _____	
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

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