

Report on the Final Examination for the Doctoral Degree

Student Name: _____ Phone: _____

Student ID (if known): and/or NetID (if known):

Email: _____ Field of Study _____

This report must be submitted to the Office of the Registrar whether the examination has been passed or failed. It is a required document for the audit of records for a Doctoral degree conferral. The original should be submitted to the Office of the Registrar and a copy is to be retained by your major advisor. It must be submitted no later than the appropriate August, December, or May conferral date.

If this report is submitted after the appropriate deadline, your degree will not be conferred until the following conferral date.

1. FINAL EXAMINATION

A. Date(s) given (mm/dd/yyyy) _____

B. Faculty members participating (minimum of five, including members of advisory committee.)

PLEASE TYPE OR PRINT NAMES

2. RESULTS OF THE EXAMINATION

PASS

FAIL

3. COMMENTS _____

Date: _____

ADVISORY COMMITTEE

ADVISOR'S NAME (PRINTED)

ORIGINAL SIGNATURE (REQUIRED)

MAJOR ADVISOR

ASSOCIATE ADVISOR

ASSOCIATE ADVISOR

ASSOCIATE ADVISOR

ASSOCIATE ADVISOR
