

## Report on the Doctoral Foreign Language Examination

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ Field of Study \_\_\_\_\_

Field of Study \_\_\_\_\_

Date of Examination \_\_\_\_\_

Language \_\_\_\_\_

Name of Examiner  
(please print) \_\_\_\_\_

**Note: The Examiner may NOT be a member of the Student's Advisory Committee**

Examination was taken by this student in this language for the:

First Time

Second Time

Third Time

**Result of Examination**

Pass

Fail

Examiner Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit completed form to the Office of the Registrar**