



Report on Comprehensive Exam/Dissertation Defense

\*\*Doctoral Students Only\*\*

Student ID#: \_\_\_\_\_

This report certifies that on:

\_\_\_\_\_
Date Last name First name Middle name

Completed the following event:

- Written Comprehensive Examination Passed [ ] Failed [ ]
Oral Comprehensive Examination Passed [ ] Failed [ ]
Defense of Dissertation Passed [ ] Failed [ ]

as prescribed and required for the degree of: \_\_\_\_\_

The Graduate School recommends all comments regarding the exam be made in writing to the student. This document is meant solely to inform The Graduate School of the pass or fail on the event noted. This form is not to be submitted by the student.

Examining Committee Signatures

Approvals:

How did you attend?

Print Name

Signature

In Person Video

(Chair)

Table with 3 columns: Print Name, Signature, In Person, Video. Contains 8 rows for signatures and attendance.

(Optional Graduate Representative)\*

\*Note: The Graduate Representative must file a separate report to The Graduate School within one (1) week of the exam or defense.

Dissenters (if any): \_\_\_\_\_

Department Head Signature Date The Graduate School Date