Oral Comprehensive Examination

Student’s Name _______________________________________

Department /Curriculum School________________________________

Oral Defense Date____________________________________________

Report of the Oral Comprehensive Examination

I certify that the above named student:

________ successfully passed the examination

________ failed to pass the examination

____________________________  _________
Signature of Committee Chair             Date

Committee member name/signature       Pass/Fail

____________________________  _________
____________________________  _________
____________________________  _________
____________________________  _________

Successful passage contingent on person making recommended revisions

Check here if student previously failed this requirement __ Date(s) _____

Note: Student must be registered during the semester this work is completed