

Elizabeth City State University  
Office of Graduate Education

**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**