



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)

Signature lines for committee members

Attendance checkboxes for In Person and Video

(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