



REPORT ON FINAL EXAMINATION FOR THE Ph.D. DEGREE

STUDENT

Please complete the student section and give this form to your Doctoral Committee. Submit this form along with your dissertation to the Graduate Division Kolligian Library Room 227.

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID#
ADDRESS	CITY	STATE/ZIP CODE	PHONE NUMBER
MAJOR	E-MAIL ADDRESS		

Name of Degree: Ph.D. in _____

Title of Dissertation: _____

Language Requirement (if applicable) _____ Date Passed _____

DOCTORAL COMMITTEE

It is the responsibility of the committee to make an evaluation of the student's overall performance. Please complete this section and have the student file this form with the Graduate Division.

Date of Dissertation Defense: _____

DECISION: Please indicate the Committee's decision (check one): Favorable Unfavorable
 Favorable pending the following change(s): _____

If the vote of the Committee is **Unfavorable**, please explain:

LIST NAMES OF ALL COMMITTEE MEMBERS:

<u>Print Name</u>	<u>Academic Unit</u>	<u>Signature</u>	<u>Date</u>
Committee Chair	_____	_____	_____
Committee Member	_____	_____	_____
Committee Member	_____	_____	_____
Committee Member (4 th member is optional)	_____	_____	_____

SCHOOL

School Approvals:

Graduate Advisor: PRINT _____	SIGN _____	Date _____
Graduate Group Chair: PRINT _____	SIGN _____	Date _____

Graduate Division Use Only:

Requirements fulfilled: Advanced to Candidacy Residency Dissertation Approved Language (if applicable)

Conferred Denied Degree Conferred for : Fall Spring Summer Year _____

Graduate Division Dean Signature: _____ Date: _____