Ph.D. ORAL EXAMINATION RESULTS FORM

NAME: ____________________________________________________________

SUID# ____________________________________________________________

DATE OF EXAM: _____/_____/______  TIME: _____:____ AM PM  ROOM:____________

EXAMINING COMMITTEE:

1) ________________________________________________________________
   (Examiner Name)                                               (Signature)

2) ________________________________________________________________
   (Examiner Name)                                               (Signature)

3) ________________________________________________________________
   (Examiner Name, Chair)                                        (Signature)

RESULTS: ____________________

RESULT OPTIONS:  Pass with Distinction
                  Pass
                  Fail

If the examining committee, or examination chair, wishes to submit a brief report to the Director of Graduate Studies, they may do so on the reverse side of this form or on a separate sheet. Please bring this form (completed) to your oral examination and return it to Graduate Studies Coordinator after the exam.