

# Ph.D. ORAL EXAMINATION RESULTS FORM

NAME: \_\_\_\_\_

SUID# \_\_\_\_\_

DATE OF EXAM: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

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.