

RESULT of DOCTORAL ORAL EXAMINATION

Name _____ ID# _____
Degree _____ Major _____
Date of Examination _____ Examination Result _____
Place _____

Signatures of Examination Committee Members:

Printed Names of Examination Committee Members:

Chairperson, Examination Committee

Chairperson, Examination Committee

Outside Graduate Faculty Representative

Outside Graduate Faculty Representative

Approved:

Signature, Graduate Program Director

Typed Name

Date

Signature, Graduate School Representative

Sherry G. Sims

Typed Name

Date