



REPORT ON DOCTORAL FOREIGN LANGUAGE EXAMINATION

This report is to be filled out in triplicate and all copies are to be sent to the Graduate Records Office (Box U-1006, Storrs Campus). After processing, one copy is sent to the Major Advisor and one copy is sent to the student.

Note: The Examiner may NOT be a member of the student's advisory committee.

Name of Student _____

Student Identification Number:

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Date of Examination _____

Language _____

Name of Examiner (Please Print) _____

Examination was taken by this student in this language for the:

- First Time
- Second Time
- Third Time

Result of the entire examination: <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
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Date

Examiner's Signature

Date

The Graduate School