



UCONN

THE GRADUATE SCHOOL

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REPORT ON THE FINAL EXAMINATION FOR THE DOCTORAL DEGREE

FIRST NAME _____

LAST NAME _____

STUDENT ID # (SEVEN DIGITS) _____ NETID _____ PHONE _____

EMAIL _____

FIELD OF STUDY _____

This report must be submitted to The Graduate School whether the examination has been passed or failed. It is a required document for the audit of records for a Doctoral degree conferral. The original should be submitted to The Graduate School and a copy is to be retained by your major advisor. It must be submitted no later than the appropriate August, December, or May conferral date.

If this report is submitted after the appropriate deadline, your degree will not be conferred until the following conferral date.

1. FINAL EXAMINATION

A. Date(s) given (mm/dd/yyyy) _____

B. Faculty members participating (minimum of five, including members of advisory committee.)

PLEASE TYPE OR PRINT NAMES

2. RESULTS OF THE EXAMINATION

PASS

FAIL

3. COMMENTS

DATE: _____

ADVISORY COMMITTEE

ADVISORS NAME PRINTED

ORIGINAL SIGNATURE (REQUIRED)

MAJOR ADVISOR _____

ASSOCIATE ADVISOR _____

ASSOCIATE ADVISOR _____

ASSOCIATE ADVISOR _____

ASSOCIATE ADVISOR _____
