



REPORT ON THE GENERAL EXAMINATION FOR THE DOCTORAL DEGREE

FIRST NAME _____

LAST NAME _____

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

EMAIL _____

FIELD OF STUDY _____

Submit this report to The Graduate School immediately following the examination. The examination may be given in several sections; however, one report should cover the entire examination. The report must be submitted whether the examination, as a whole, has been passed or failed. The original should be submitted to The Graduate School and a copy is to be retained by your major advisor. This report must be submitted within thirty days of the examination for you to be eligible for retroactive Graduate Assistantship pay.

1. GENERAL EXAMINATION

A. DATE GIVEN: WRITTEN SECTION _____ ORAL SECTION _____

B. FACULTY MEMBERS PARTICIPATING (MINIMUM OF FIVE, INCLUDING MEMBERS OF ADVISORY COMMITTEE.)

Please type or print names.

2. RESULTS OF THE EXAMINATION PASS OR FAIL
(PLEASE CHECK ONE)

3. COMMENTS

Please indicate whether a re-examination is recommended or if a master's degree should be awarded.

DATE: _____

ADVISORY COMMITTEE

ADVISORS NAME PRINTED

ORIGINAL SIGNATURE (REQUIRED)

MAJOR ADVISOR _____

ASSOCIATE ADVISOR _____

ASSOCIATE ADVISOR _____

ASSOCIATE ADVISOR _____

ASSOCIATE ADVISOR _____
