

**REPORT OF ORAL EXAMINATION COMMITTEE**

|  |  |  |
| --- | --- | --- |
|  |   |   |
| Examination of (Print or type student name above) |  | Student A Number |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Department/Program |  | Date of Examination |

🞏 Masters (Thesis) Defense

🞏 Masters (non-thesis) Final Examination

🞏 DNP Project Implementation Review

🞏 DNP Project Final Presentation

🞏 Ph.D. Qualifying Examination

🞏 Ph.D. Dissertation Defense

This examination was the: 🞏 First 🞏 Second attempt by the student and resulted in a

🞏 PASS
🞏 CONDITIONAL PASS. We recommend that the following additional requirements be met:

|  |
| --- |
|  |
|  | By this date:  |   |
| with final approval given by: |   |

 Print or type name above

Requirements for pass were: 🞏 Satisfied 🞏 Not Satisfied

|  |  |  |
| --- | --- | --- |
| X |  |  |
| Committee Chair signature above | Type or print name  | Date |

🞏 FAIL -- If first attempt: We recommend that the following action be taken by the student before another examination is given:

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|  |

🞏 Enrolled Course No. 699; Grade: \_\_\_\_\_\_\_\_\_\_\_\_ Course No. 799; Grade: \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Instructor Signature:  |   | Print Name: |  |

|  |  |  |
| --- | --- | --- |
| X |  |  |
| Committee Chair signature above | Type or print name  | Date |

|  |  |  |
| --- | --- | --- |
| X |  |  |
| Advisor signature above (if not committee chair) | Type or print name  | Date |

|  |  |  |
| --- | --- | --- |
| X |  |  |
| Member signature above | Type or print name  | Date |

|  |  |  |
| --- | --- | --- |
| X |  |  |
| Member signature above | Type or print name  | Date |

|  |  |  |
| --- | --- | --- |
| X |  |  |
| Member signature above | Type or print name  | Date |

|  |  |  |
| --- | --- | --- |
| X |  |  |
| Member signature above | Type or print name  | Date |

Updated 10.5.17