



## The Graduate School

Upload this form to our secure folder located on our forms webpage.

### Report on Comprehensive Exam/Dissertation Defense

#### **\*\*Doctoral Students Only\*\***

The student must be registered during the term (fall, spring, summer) they take their exam or defense. See graduate catalog section 4.1 for full enrollment requirements.

Student ID#: \_\_\_\_\_

This report certifies that on:

\_\_\_\_\_ Date

\_\_\_\_\_ Last name

\_\_\_\_\_ First name

\_\_\_\_\_ Middle name

Completed the following event:

- |                                     |                                 |                                 |
|-------------------------------------|---------------------------------|---------------------------------|
| • Written Comprehensive Examination | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> |
| • Oral Comprehensive Examination    | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> |
| • Defense of Dissertation           | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> |

as prescribed and required for the degree of: \_\_\_\_\_

The Graduate School recommends all comments regarding the exam be ***made in writing*** to the student. This document is meant solely to inform The Graduate School of the pass or fail on the event noted. This form is not to be submitted by the student.

#### Examining Committee Signatures

##### Approvals:

##### How did you attend?

Print Name

Signature

In  
Person

Video

(Chair)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(Optional Graduate Representative) Note: The Graduate Representative must file a separate report to The Graduate School within one (1) week of the exam or defense.

**Dissenters (if any):** \_\_\_\_\_

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
The Graduate School

\_\_\_\_\_  
Date