



Report on Qualifying Exam/Comprehensive Exam/Thesis Defense

\*\*Masters Students Only\*\*

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

This report certifies that on:

\_\_\_\_\_
Date Last name First name Middle name

Completed the following event:

- Qualifying Examination Passed [ ] Failed [ ]
Comprehensive Examination Passed [ ] Failed [ ]
Defense of Thesis Passed [ ] Failed [ ]

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?

Table with columns: Print Name, Signature, In Person, Video. Includes rows for committee members and a chair position.

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

Department Head Signature Date The Graduate School Date



Report on Qualifying Exam/Comprehensive Exam/Dissertation Defense
\*\*Doctoral Students Only\*\*

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

This report certifies that on: \_\_\_\_\_
Date Last name First name Middle name

Completed the following event:

- Qualifying Examination Passed [ ] Failed [ ]
Written Comprehensive Examination Passed [ ] Failed [ ]
Oral Comprehensive Examination Passed [ ] Failed [ ]
Defense of Dissertation Passed [ ] Failed [ ]

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)

Grid of checkboxes for attendance: In Person and Video columns with N/A entries.

(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