

# Completion of Final Oral Exam for Doctorate

Pre-approval must be granted at least two weeks prior to the completion of the comprehensive oral exam.

Department: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Track of Study: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Title: \_\_\_\_\_

**Exam Committee Members:**

<u>Name</u>	<u>Member Title</u>	<u>In-Person</u>	<u>Mediated Attendance</u>
_____	Chair	<input type="checkbox"/>	
_____	Co-Chair or Member	<input type="checkbox"/>	<input type="checkbox"/>
_____	Member	<input type="checkbox"/>	<input type="checkbox"/>
_____	Member	<input type="checkbox"/>	<input type="checkbox"/>
_____	Graduate Studies Rep.	<input type="checkbox"/>	
_____	Optional Member	<input type="checkbox"/>	<input type="checkbox"/>

**Exam Approval**

Committee Chairperson Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Exam  Ye  N  Passed Exam  Honors