

Committee Member: _____
Signature Date

B. ORAL EXAMINATION

We certify that we have administered a comprehensive **oral examination** to the above named student on _____(mm/dd/yy).

Results:

Honors

Pass

Fail

(Unanimous vote is required for Honors designation: a majority vote for all other evaluations.)

Committee Chair: _____
Signature Date

Committee Member: _____
Signature Date

Committee Member: _____
Signature Date

Committee Member: _____
Signature Date

Upon the successful completion of the oral examination, doctoral students have attained the status of Candidate for the Degree.

HONORS DESIGNATION Yes No

(In order for a student to receive the Honors designation on his or her transcript for the comprehensive exams, specific components (the Standard Written Exam and the Oral Exam) must be judged at the Honors level. The Honors designation will be announced at the time of graduation during the recognition of degrees at the School of Education graduation ceremony.)

COMPREHENSIVE EXAMINATION DEGREE LEVEL

Ph.D.

Ed.D.

RESIDENCY REQUIREMENT

If residency requirement has been fulfilled, please provide dates:

From: _____ To: _____