

**ANNOUNCEMENT OF EXAMINATION**

*This form must be submitted to the Office of Graduate Studies at least two weeks prior to the date of the examination.*

GRADUATE UNIT: \_\_\_\_\_ DATE: \_\_\_\_\_

GRADUATE UNIT CONTACT NAME AND PHONE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

|   |  |
|---|--|
| <input type="checkbox"/> <b>Master's Exam</b>                                   | Students wishing to take any of the exams listed must be in active graduate status and must not be on any type of probation.<br><br>Students seeking a master's degree (other than MFA) must have a Program of Studies approved by the Dean of Graduate Studies on file with OGS to be eligible to take the master's exam. The above named student's Program of Studies was approved <b>by the Dean of Graduate Studies</b> on the following date: _____.<br><br>Doctoral/MFA Students: It is strongly recommended that the Application for Candidacy be completed and approved by the graduate unit before the student takes the Comprehensive Examination. |
| <input type="checkbox"/> <b>Ph.D. Comprehensive Exam</b>                        |  |
| <input type="checkbox"/> <b>Ed.D. Comprehensive Exam</b>                        |  |
| <input type="checkbox"/> <b>M.F.A. Comprehensive Exam</b>                       |  |
| <input type="checkbox"/> <b>Final Exam for Thesis (Thesis Defense)</b>          |  |
| <input type="checkbox"/> <b>Final Exam for Doctorate (Dissertation Defense)</b> |  |

Date, Time and Place of Examination: \_\_\_\_\_

Title of Thesis or Dissertation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In consultation with the student, we propose the following examination committee:

| <b>Full Name (please print or type)</b> | <b>Graduate Unit</b> |
|---|----------------------|
| Examination Committee Chair:            |                      |
|   |                      |
|   |                      |
|   |                      |
|   |                      |
|   |                      |

\_\_\_\_\_  
 Signature of Graduate Unit Chair

To: Examination Committee Chair  
 From: Dean of Graduate Studies

The proposed committee is authorized to conduct the examination announced above, and the student is eligible to take the exam. **Within two weeks of the examination**, please complete the reverse side of this form and return it to the Office of Graduate Studies.

\_\_\_\_\_  
 Signature of the Dean of Graduate Studies

\_\_\_\_\_  
 Date

## REPORT OF EXAMINATION

STUDENT NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

GRADUATE UNIT: \_\_\_\_\_ DEGREE & TITLE (e.g., Ph.D. Optical Sciences) \_\_\_\_\_

**We have conducted the examination announced on the reverse side of this form.**

**Evaluation of the Thesis/Dissertation Manuscript:**

(Please complete "Examination Results" section also.)

- Manuscript is approved without change
- Manuscript is approved with only minor editorial corrections
- Manuscript must be revised before approval

A signed Approval page and Certification of Final Form will constitute acceptance of the manuscript and any revisions.

**Examination Results:** We have read any written materials, participated in any oral examination and reviewed any exhibition work. On this basis, we report the student has:

- Passed
- Conditionally Passed (List conditions below.\* A memo to OGS from the committee chair is required to verify that conditions have been met.)
- Failed (please comment below.\*)

\*Comments/Conditions: \_\_\_\_\_

Signatures of the examining committee **affirming** agreement with the evaluation above:

\_\_\_\_\_  
Printed Name - Chair/Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Examination passed  
**with distinction?**

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Does this **committee** recommend that this student be considered by the graduate unit to receive distinction for this examination? Distinction will not be transcribed unless "Distinction" boxes to the right and below are completed.

Yes  No

Any committee member who **disagrees with the examination results** above should sign and comment below:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

**Attn: Graduate Unit Chair**

Please review the Examination Committee's report of examination results and sign and date below. If appropriate, please also complete the Distinction section below.

\_\_\_\_\_  
Signature of Graduate Unit Chair

\_\_\_\_\_  
Date

**DISTINCTION:** Having completed its review of this examination, this committee requests that this student be considered to receive distinction for this examination. If distinction is approved, it will appear on the student's transcript.

This recommendation has been reviewed according to graduate unit guidelines:

**DISTINCTION APPROVED**

**DISTINCTION DENIED**

\_\_\_\_\_  
Signature of Graduate Unit Chair

\_\_\_\_\_  
Date