

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"/> Master's Exam	Students wishing to take any of the exams listed must be in active graduate status and must not be on any type of probation.
<input type="checkbox"/> Ph.D. Comprehensive Exam	
<input type="checkbox"/> Ed.D. Comprehensive Exam	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 by the Dean of Graduate Studies on the following date: _____.
<input type="checkbox"/> M.F.A. Comprehensive Exam	
<input type="checkbox"/> Final Exam for Thesis (Thesis Defense)	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"/> Final Exam for Doctorate (Dissertation Defense)	
Date, Time and Place of Examination:	
Title of Thesis or Dissertation: _____ _____ _____	

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

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.

<p>Evaluation of the Thesis/Dissertation Manuscript: (Please complete "Examination Results" section also.)</p> <p><input type="checkbox"/> Manuscript is approved without change <input type="checkbox"/> Manuscript is approved with only minor editorial corrections <input type="checkbox"/> Manuscript must be revised before approval</p> <p>A signed Approval page and Certification of Final Form will constitute acceptance of the manuscript and any revisions.</p>	<p>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:</p> <p><input type="checkbox"/> Passed <input type="checkbox"/> Conditionally Passed (List conditions below.* A memo to OGS from the committee chair is required to verify that conditions have been met.) <input type="checkbox"/> Failed (please comment below.*)</p>
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*Comments/Conditions: _____

Signatures of the examining committee affirming agreement with the evaluation above:			Examination passed with distinction?
_____	_____	_____	() Yes () No
Printed Name - Chair/Director	Signature	Date	() 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 _____