

**KENT STATE UNIVERSITY**  
**COLLEGE OF EDUCATION, HEALTH, AND HUMAN SERVICES**  
OFFICE OF GRADUATE STUDENT SERVICES  
ROOM 418 WHITE HALL  
KENT, OH 44242-0001

**REPORT OF ORAL CANDIDACY EXAMINATION**

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Ph.D. Student Name \_\_\_\_\_

Student I.D. Number \_\_\_\_\_

Local Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Local Telephone

Major Program Area \_\_\_\_\_

Emphasis \_\_\_\_\_

**Results of Oral Candidacy Examination. (The following programs may allow a student 2 attempts to pass the Oral Candidacy Examination: AUD, C&I, EVAL, HEDP, EDAD K-12, and SPA). Submit this form after each attempt.**

**Results of 1<sup>st</sup> ORAL Attempt**

\_\_\_\_\_  
(Date) Pass (Submit this form to 418 White Hall.)

\_\_\_\_\_  
(Date) Fail (Based on program policy student will be given another opportunity to address deficiencies. Attach remedial plan. Submit this form to 418 White Hall.)

\_\_\_\_\_  
(Date) Fail (Based on program policy student will NOT be given a second opportunity. Student fails Candidacy Examination. Student will be dismissed from program and University. Submit this form to 418 White Hall.)

**Results of 2<sup>nd</sup> ORAL Attempt if permitted by program.**

\_\_\_\_\_  
(Date) Pass (Submit this form to 418 White Hall.)

\_\_\_\_\_  
(Date) Fail (Student fails the Candidacy Examination. Student will be dismissed from program and university. Submit this form to 418 White Hall.)

**Examining Comprehensive Committee Present:**

/s/ \_\_\_\_\_

/s/ \_\_\_\_\_

/s/ \_\_\_\_\_

/s/ \_\_\_\_\_

Recorded: \_\_\_\_\_