ORAL COMPREHENSIVE EXAMINATION FOR CANDIDACY

Ph.D. Student Name _______________________________________________________

Student I.D. Number __________________________ Email _______________________

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 to 418 White Hall after each attempt.

Results of 1st ORAL Attempt

_________________ 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.)
(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.)
(Date)

Results of 2nd ORAL Attempt if permitted by program.

_________________ Pass
(Date)

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

Examining Comprehensive Committee Present:

/s/ ______________________________

/s/ ______________________________

/s/ ______________________________

/s/ ______________________________ Recorded:_______________________________

Staff-Office of Graduate Student Services