Ph.D. Diagnostic Examination
Computer Science Department
Oklahoma State University

Date:_____

Student:_____   _____
           (print name)   (signature)

Student ID Number: _____

Taking the examination for the   FIRST   SECOND   time.
  (please circle one)

Examination included coursework questions: YES   NO

Result of Examination: PASS   FAIL

Committee Chair:_____   _____
                 (print name)   (signature)

(IF Dissertation Advisor is different from Chair, please indicate as "Advisor" below.)

Committee Chair:_____   _____
                 (print name)   (signature)

      Member:_____   _____
               (print name)   (signature)

      Member:_____   _____
               (print name)   (signature)

Outside Member: _____   _____
               (print name)   (signature)