



Ph.D. Comprehensive Exam Oral Defense Results

To the Coordinator of Graduate Studies, the following student appeared for his/her comprehensive exam oral defense:

Name: _____ CWID #: _____

On the following date: _____

Upon the degree/major given below:

Degree: _____

Major: _____

Please sign below whether the student has or has not passed the defense.

The student **HAS** satisfactorily completed
the final defense.

The student **HAS NOT** satisfactorily
completed the final defense.

Chair: _____

Chair: _____

(Must be signed and returned to the Coordinator of Graduate Studies following defense.)

Provisions: If the student satisfactorily completes the defense but with significant provisions attached, the committee should indicate those provisions and the conditions (including deadlines) by which the provisions are met on the back of this form.

NOTE: At the close of the defense, after the candidate has been excused, the members of the Committee should discuss the student's defense of the research associated with his/her comprehensive examination. Each member of the Committee must sign under one of the above statements recommending either a satisfactory or unsatisfactory defense.

Please also remember to complete the appropriate departmental assessment rubric(s) related to this defense; copies can be obtained from either the Coordinator or Associate Coordinator for Graduate Studies in the department, and are returned to the Associate Coordinator.