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Results of Doctoral Comprehensive Examinations (Oral)

To: Dean of The Graduate School

From: _____
Print Name of Candidate's Committee Chair or Committee Co-Chairs

School/Department: _____

Date: _____

RE: Results of Doctoral Comprehensive Examinations

The purpose of the oral examination is to explore in greater depth questions on the written exam and to ensure a comprehensive understanding of the field of specialization and related areas. By signing this document, you are certifying that this student has overall mastery of a body of knowledge and skills as demonstrated through the written and oral components of the comprehensive exam, and is fit to continue work toward the doctorate.

Degree Candidate: _____ Student ID Number: _____

Degree: _____ Major: _____

Date of Oral Examination: _____ Competency Rating: Pass Conditional Pass Fail

If Conditional Pass, please complete the following:

Conditions:

Due Date: _____

Comments:

Committee Chair: _____
Signature Date

____ Original Form to Graduate School

____ Copy to Department / Graduate Program Director