

**Certification of the Outcome of the Oral Defense of the  
Comprehensive Examination**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date

*has taken the oral portion of the comprehensive exam.*

\_\_\_\_\_  
Faculty Chair Signature

\_\_\_\_\_  
Faculty Member Signature

\_\_\_\_\_  
Faculty Member Signature

**Please note additional requirements for student to complete to remedy failure as set forth by committee and as outlined in the Ph.D. handbook:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Area Graduate Director** \_\_\_\_\_ **Date** \_\_\_\_\_

**Evaluation of the Complete Exam**  
(Written and Oral portions combined)

**Pass** \_\_\_\_\_

**Fail** \_\_\_\_\_