

EASTERN KENTUCKY UNIVERSITY
The Graduate School
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Phone (859) 622-2316

REPORT OF ORAL EXAMINATION/ORAL THESIS DEFENSE/WRITTEN EXAMINATION

(Date)

- () Report of Oral Examination
- () Report of Oral Thesis Defense
- () Report of Written Examination

for

_____ - -
(student name) (social security number)

_____ in _____
(type of degree) (area or option)

TO: Dean of the Graduate School

The committee appointed to supervise the graduate program of the above named person has completed the comprehensive examination(s) and recommends that:

- 1. The examination(s) was successfully passed with a rating of: Excellent ()
 Above Average ()
 Average ()
 Below Average ()

- 2. The examination(s) was failed. ()

SIGNED by all committee members: _____
(Committee Chair)

(Committee Member)

(Committee Member)

Comments: (*specify requirements for examination retake) _____

PLEASE NOTE: Committee chairpersons shall certify satisfactory completion of the comprehensives to the Dean of the Graduate School no later than ten days in advance of commencement.

A review period of no less than 60 days nor more than one year is required of candidates who fail the comprehensive initially.

Additional courses or thesis work may be required of a failing student. Comprehensive exams may not be retaken more than once of the master's or specialist's degrees.

Distribution: Send original of this report to the Graduate School. Retain copy for departmental files.