Report of Examination Results / Candidacy

Name			ligit ID		Net ID		
Last	First	Middle					
Degree Major				Minor			
Concentration				Minor			
	******	*****	*****	******	******	*****	*****
The above student ha	as passed or failed the req	uired examination a	s indicated	below.			
	<u></u>	Date Held	Passed	<u>Failed</u>	IRB/IACUC	If Yes	
Masters Written Comprehensive			П	(Mark One)	Approval Required	IRB/IACUC Approval	
·	_			(Mark One)	(Y or N)	Number	
Oral Comprehensive	-		ш				
Thesis Defense	_						
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Educational Specialist Written Comprehensive							
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Oral Comprehensive	-		므	브			
Thesis Defense	_						
<u>Doctoral</u>							
Written Comprehensive	_						
Oral Comprehensive							
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Dissertation Defense	-						
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Remarks or conditions below:							
Please note that a doctoral stuc the semester immediately follov examination requirement.	dent must complete the o	degree program wit	hin five yea		itten comprehensive ex	am(s). The time	limit begins with
Typed / Printed Name		Pas	sed Failed	Approval Signatures			
Major Professor							Date
							24.0
Co-Major Professor (if applicable	le)						Date
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Minor Professor (if applicable)				-			Date
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Committee Member							Date
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Committee weitiber							Date
Committee Member							Date
Graduate Coordinator							Date