Comprehensive & Oral Exam Form - Graduate College



EAST STROUDSBURG UNIVERSITY of Pennsylvania

200 Prospect Street

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Graduate College

Comprehensive and Final Oral Examination Form

Notification and Report

I. Student Information - N	lotification of Exam		
Last Name	First Name	Middle Initial	Telephone Number
Month Day Y	ear		
Exam Date	Place	Time	
	Yes No	☐ Comprehensive Exam ☐ Oral Exam	
Major Field of Study	Plan of Study Submitted? (If no, please submit one with this form)	Choose One is form)	
I. Comprehensive Examin	ation Report		
Satisfactory Results	Unsatisfactory Results		
Has student previously failed the) 	Date
Graduate Coordinator or Program C	nuir		
III. Final Oral Examination	Report		
Thesis Reviewed	☐ Independent Research	☐ Independent Research Topic Reviewed	
Chair Signature	Date Advisor Sign	nature	Date
Graduate Coordinator Signature			Date
Title:			
Examination Commi	<u>ttee</u>	Approved	<u>Disapproved</u>
	(Chair)		

Following examination, send original copy of report to the Graduate College.