


**EAST STROUDSBURG  
UNIVERSITY  
of Pennsylvania**

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**Graduate & Extended  
Studies**
**Comprehensive and Final  
Oral Examination Form**
**Notification and Report**
**I. Student Information - Notification of Exam**


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*Last Name*


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*First Name*


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*Middle Initial*


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*Telephone Number*


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*Month*


---

*Day*


---

*Year*


---

*Exam Date*


---

*Place*


---

*Time*
☐ Yes ☐ No

☐ Comprehensive Exam ☐ Oral Exam

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*Major Field of Study*


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*Plan of Study Submitted?*


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*Choose One*
*(If no, please submit one with this form)*
**II. Comprehensive Examination Report**
☐ Satisfactory Results

☐ Unsatisfactory Results

Has student previously failed the examination? ☐ Yes

☐ No

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*Graduate Coordinator or Program Chair*


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*Date*
**III. Final Oral Examination Report**
☐ Thesis Reviewed

☐ Independent Research Topic Reviewed

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*Chair Signature*


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*Date*


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*Advisor Signature*


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*Date*


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*Graduate Coordinator Signature*


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*Date*


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*Title:*
**Examination Committee**
**Approved**
**Disapproved**

(Chair)

**Following examination, send original copy of report to the Office of Graduate & Extended Studies.**