


**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

Last Name First Name Middle Initial Telephone Number

Month Day Year

Exam Date Place Time

☐ Yes ☐ No

☐ Comprehensive Exam ☐ Oral Exam

Major Field of Study

Plan of Study Submitted?

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

Graduate Coordinator or Program Chair

Date

III. Final Oral Examination Report

☐ Thesis Reviewed

☐ Independent Research Topic Reviewed

Chair Signature

Date

Advisor Signature

Date

Graduate Coordinator Signature

Date

Title: _____

Examination Committee

Approved

Disapproved

(Chair)

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