



**EAST STROUDSBURG UNIVERSITY of Pennsylvania**

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Email: grads@esu.edu

**Graduate & Extended Studies**

**Comprehensive and Final Oral Examination Form**  
*Notification and Report*

**I. Student Information - Notification of Exam**

<hr/>			<hr/>			<hr/>			<hr/>		
<i>Last Name</i>			<i>First Name</i>			<i>Middle Initial</i>			<i>Telephone Number</i>		
<hr/>			<hr/>			<hr/>			<hr/>		
<i>Month</i>		<i>Day</i>		<i>Year</i>		<i>Place</i>			<i>Time</i>		
<hr/>			<hr/>			<hr/>			<hr/>		
<i>Exam Date</i>			<i>Place</i>			<i>Time</i>					
<hr/>			<hr/>			<hr/>			<hr/>		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Comprehensive Exam			<input type="checkbox"/> Oral Exam		
<i>Major Field of Study</i>			<i>Plan of Study Submitted?</i>			<i>Choose One</i>					
<hr/>			<hr/>			<hr/>			<hr/>		
			<i>(If no, please submit one with this form)</i>								

**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* \_\_\_\_\_ *Date* \_\_\_\_\_

**III. Final Oral Examination Report**

Thesis Reviewed       Independent Research Topic Reviewed

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<i>Chair Signature</i> _____	<i>Date</i> _____	<i>Advisor Signature</i> _____	<i>Date</i> _____
<i>Graduate Coordinator Signature</i> _____			<i>Date</i> _____

Title: \_\_\_\_\_

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<u><b>Examination Committee</b></u>	<u><b>Approved</b></u>	<u><b>Disapproved</b></u>
_____ (Chair)	_____	_____
_____	_____	_____
_____	_____	_____

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