

**EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES**

Office Use Only
Rcvd: _____
Initials: _____

RESULTS OF EXAMINATION, REPORT, AND/OR CULMINATING
EXPERIENCE

Student's Name (please type or print)

Social Security Number

Field of Study

Concentration

Degree

The above candidate has completed the required examination(s) as checked below:

	<u>Date Held</u>	Passed	Failed
1. Written Comprehensive Examination	_____	_____	_____
2. Oral Comprehensive Examination	_____	_____	_____
3. Master's Thesis Defense	_____	_____	_____
4. Doctoral Defense	_____	_____	_____
5. Doctoral Qualifying Examination	_____	_____	_____
6. Doctoral Preliminary Examination	_____	_____	_____
7. Report: (explain)	_____	_____	_____

8. Culminating Experience: (explain)	_____	_____	_____

Signatures of Examining Committee

Chair, Advisory Committee

Committee Member

Committee Member

Committee Member

Committee Member

Remarks or Conditions:

Return Original to School of Graduate Studies