

**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) \_\_\_\_\_ E# \_\_\_\_\_

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:

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*Return Original to School of Graduate Studies*