

## <u>Doctoral Form D-9</u> RESULTS OF FINAL ORAL EXAMINATION

Please type (handwritten forms will not be accepted): Student's Name **Spire ID Number** Local/Cell Phone Number Email Address **Concentration: FROM**: Dissertation Committee TO: Dean of Graduate School via Dr. Shane Hammond, Graduate Program Director This is to inform you that a final oral examination for the Ed.D./Ph.D. degree was administered to the above named candidate. Members of the committee and decision are recorded below. **DISSERTATION COMMITTEE: FULL NAME** DATE **SIGNATURE** Committee Chair/ Co-chair Committee Co-chair (optional) Committee Member Committee Member Committee Member (optional) Committee Member (optional) PASS FAIL Date of Exam Approved:

Immediately after the examination, the original form is to be filed with the Office of Academic Affairs (Room W114, Furcolo Hall). Candidates must observe both the College of Education and Graduate School graduation deadlines.

**Date** 

Dr. Shane Hammond, Graduate Program Director