



College of Health and Human Services
School of Population Health

RETURN TO:
PhD Program Coordinator

EXAMINATION RESULTS

Student Name: _____ Rocket ID: R_____

Cognate 1: _____ Cognate 2: _____

Examination Date: _____

Qualifying Examination	Results	Condition
Written »This is the ___ attempt	<input type="checkbox"/> Pass <input type="checkbox"/> Conditional <input type="checkbox"/> Fail	
Oral »This is the ___ attempt	<input type="checkbox"/> Pass <input type="checkbox"/> Conditional <input type="checkbox"/> Fail	
Portfolio Examination »This is the ___ attempt	<input type="checkbox"/> Pass <input type="checkbox"/> Conditional <input type="checkbox"/> Fail	
Dissertation Proposal »This is the ___ attempt	<input type="checkbox"/> Pass <input type="checkbox"/> Conditional <input type="checkbox"/> Fail	
Dissertation Defense »This is the ___ attempt	<input type="checkbox"/> Pass <input type="checkbox"/> Conditional <input type="checkbox"/> Fail	
Dissertation title: _____ _____		

Note: Only the committee chair’s signature is required for the qualifying and portfolio examinations. The entire committee must sign below to certify the approval of a dissertation proposal.

Committee Chair

Committee Member

Committee Member

Committee Member