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## **Final Oral Examination Report**

Only <b>one report</b> with <b>original signatures</b> must be returned to Graduate School immediately after the examination.  Thesis/Dissertation Title:							
Thesis/Dissertation Title.							
Candidate's Name:					ı	ID#	
Program:			Degre		MPH	PhD	
Major:			Co	oncentration:			
We the undersigned make the following rec	ommendation f	or the candid	ate named	above:			
Passed	Failed*	Found	d the pres	entation:	Accepta	ible Unacceptable*	
And recommends*	Coi	ntinuing		Discontinuing	*   T	Toward candidacy	
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Please print or type your name below. This will help us read				Please type your name if you don't have an electronic			
your signature.  Major Professor			Date	Signature			
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Major Professor							
Committee Member							
Committee Member							
Committee Member							
Committee Member							
Committee Member							
Committee Member							
Department Head/Program Director							
College Dean							
College Dean							
College Dean							
Dean of Graduate School							
Special Note: After the oral examination, the candidate may be required	to porform additional wo	rk in the fulfillment of	roquiroments tow	and the Thesis/Dissertation Th	no candidato may i	in addition he required to make	
corrections to the document under consideration by the committee and G *Examining committee recommendations for the candidate:	iraduate School.	ik iii üle idililililelik öl i	requirements tow	ard the mesis/bissertation. In	ie candidate may i	in addition be required to make	
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TU GRAD- Revised: July 2023