

PhD Exam / Dissertation Form

NID #:		Current Date:	
octoral Qualifying Exam	Date:	Passed:	Failed:
ssertation Proposal	Date:	Passed:	Failed:
issertation Defense	Date:	Passed:	Failed:
ī	his form must be approved	& signed by all members.	
	his form must be approved	,	Date
ommittee Chair:		,	
ommittee Chair:	Name	Signature	
ommittee Chair:ommittee Members:	Name Name	Signature Signature	Date

Return to the Department of World Languages & Cultures Graduate Advisor

Date entered into CIS: _____ Entered by: _____