First Examination
Doctor of Philosophy Degree

Name of Student: _____

Graduate Program: _____

Time, Date, and Place of Examination: _____

Type of Examination: _____ written _____ oral _____ combination

Name of Person Coordinating this Examination: _____

Results of Examination: _____ Pass _____ Not Pass

Remarks: _____

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_____
Graduate Program Director Date

_____
Department Chair (or Dean for Graduate Programs and Research in Nursing) Date

_____
Dean, School of Graduate Studies Date

A copy of the examination questions is filed in the office of the School of Graduate Studies. The answers are kept in the departmental files.