

University of Missouri-Kansas City
School of Graduate Studies

REPORT OF RESULTS OF EXAMINATION FOR DOCTORAL STUDENTS

- Qualifying Examination
- Doctoral Comprehensive Examination (Non-Interdisciplinary)
- Final Doctoral Dissertation Examination

This is to certify that _____ on _____
(name of student) (date)

Social Security Number: _____ - _____ - _____

- passed
- failed the above checked Examination for the

Ph.D. / D.M.A. in _____
(Circle one) (Degree Program / Emphasis Area)

If Interdisciplinary Ph.D.
Coordinating Discipline: _____

Co-Discipline(s): _____

Comments:

Evaluation *

Signatures (Examining Committee)

_____	_____ (Member)
_____	_____ (Member)
_____	_____ (Member)
_____	_____ (Member)
_____	_____ (Chair)

If Final Dissertation Examination, furnish title of dissertation below:

Copy: Department Chair
Divisional Graduate Officer
Divisional Student Services Office
Dean of Graduate Studies

* Superior, good, fair, inferior (failed)

The Chair of the Examining Committee is to mail the original copy of this report to the School of Graduate Studies as soon as the examination has been completed. The Chair is also responsible for providing copies to the persons/offices listed above.