



Candidate Name			Student ID	
Department			Degree Program	
PH.D.EXAMINATION COMMITTEE				
Name		Signature		
Name		Signature		
Name		Signature		
Name		Signature		
Name		Signature		
Name		Signature		
Pass or Fail of Ph.D.Examination		Pass		Fail
Remarks				
APPROVED BY				
Advised/Departmental Director of Graduate Studies			Date	