The Media School

PhD Qualifying Examination

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	Student		
Oral Date:			
	Coi	mmittee Decisio	on
	Pass	Fail	Deferred*
*If results are defe	rred, please note re	quirements and dat	e by which they must be completed
		Signatures	
CHAIR of Committee	Signature		Date:
Committee Member	Printed Name		Debe
	Signature		Date:
	Printed Name		
Committee Member			Date:
	Signature		
	Printed Name		
Committee Member			Date:
	Signature		
	Printed Name		
Dir. of Grad Studies			Date:
	Signature		

Printed Name