

The Media School

PhD Qualifying Examination

Student _____

Written Dates _____

Oral Date: _____

Committee Decision

Pass _____ Fail _____ Deferred* _____

***If results are deferred, please note requirements and date by which they must be completed**

Signatures

CHAIR of Committee _____ Date: _____
Signature

Printed Name

Committee Member _____ Date: _____
Signature

Printed Name

Committee Member _____ Date: _____
Signature

Printed Name

Committee Member _____ Date: _____
Signature

Printed Name

Dir. of Grad Studies _____ Date: _____
Signature

Printed Name