**Committee Chair:** Please submit the completed report to the Th.D. director

Name of Student ___________________________ Date of Defense ____________

<table>
<thead>
<tr>
<th>Committee Action</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Area Exam</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Secondary Area Exam</td>
<td>____</td>
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<tr>
<td>Dissertation Exam</td>
<td>____</td>
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<tr>
<td>Additional Exam</td>
<td>____</td>
<td>____</td>
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<tr>
<td>Exam Title: ____________</td>
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</tbody>
</table>

(if applicable)

**PRINTED NAME** | **SIGNATURE**

_________________________________ | ____________________________________ (Chair)

_________________________________ | ____________________________________

_________________________________ | ____________________________________

_________________________________ | ____________________________________

_________________________________ | ____________________________________

When the committee action is to pass, any committee member who votes to fail should sign this report as a complete record of the examination and note the negative vote beside the signature.

* * * * * *

Upon the recommendation of the committee, and with the approval of the Th.D. Oversight Committee, the student may be granted one reexamination on up to two failed exams. The date of this reexamination must be at least three months after the initial oral defense. Students who fail three or more of their written exams, or who fail any exam a second time, will be dismissed from the program.

The committee recommends that the student be allowed a reexamination.

**PRINTED NAME** | **SIGNATURE**

_________________________________ | ____________________________________ (Chair)

_________________________________ | ____________________________________

_________________________________ | ____________________________________

_________________________________ | ____________________________________

_________________________________ | ____________________________________

**Approved by:**
Director of the Th.D. Program ___________________________ Date __________

(for the Th.D. Oversight Committee)

Assoc. Dean for Academic Formation ___________________________ Date __________

Updated 8/2016