

The University of Akron
The College of Education
Office of Student Services

DATE: _____

TO: Graduate School

FROM: _____

SUBJECT: DOCTORAL WRITTEN AND ORAL COMPREHENSIVE EXAMINATION REQUIREMENTS

Please be advised of the completion of the doctoral written and oral comprehensive examination requirements for:

Student Name: _____ Date _____

Student ID #: _____

Department: _____

The student's written examinations were for:

Faculty Member _____ Date _____

Faculty Member _____ Date _____

Faculty Member _____ Date _____

Faculty Member _____ Date _____

Faculty Member _____ Date _____

The oral examination was held on _____
Date

Faculty present were: _____

Routing/Signatures

Department Advisor _____ Date _____

Graduate Studies _____ Date _____

Associate Dean/Dean's Office