

**EAST TENNESSEE STATE UNIVERSITY  
SCHOOL OF GRADUATE STUDIES**

**RESULTS OF EXAMINATION, REPORT, AND/OR CULMINATING EXPERIENCE**

***This form is a grade and must be presented in the School of Graduate Studies by a departmental faculty or staff member.***

Student Name \_\_\_\_\_ E# \_\_\_\_\_

Please type or print

Field of Study \_\_\_\_\_

Concentration \_\_\_\_\_ Degree \_\_\_\_\_

The above candidate has completed the required examination(s) as checked below: 

Date Held	Passed	Failed
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- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Written Comprehensive<br>_____                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Oral Comprehensive Examination<br>_____        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <b><u>Master's Thesis Defense</u></b><br>_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Doctoral Defense<br>_____                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Doctoral Qualifying Examination<br>_____       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Doctoral Preliminary Examination<br>_____      | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Report: (explain)<br>_____                     | <input type="checkbox"/> | <input type="checkbox"/> |

8. Culminating Experience: (explain) \_\_\_\_\_

Signatures of Examining Committee

Chair, Advisory Committee \_\_\_\_\_

Committee Member \_\_\_\_\_

Committee Member \_\_\_\_\_

Committee Member \_\_\_\_\_

Committee Member \_\_\_\_\_

Remarks or Conditions

**Return Original to School of Graduate Studies**