



Office of Graduate Studies  
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Result of Ph.D. Examination  
or Requirement

*A separate form shall be submitted following each examination/requirement completion.*

This is to certify that on \_\_\_\_\_  
Date

\_\_\_\_\_  
*Student's Name*

who is enrolled in the \_\_\_\_\_ program,

\_\_\_\_\_  
*UIN*

the examination checked below:

Passed/Failed/Completed/Approved

Signatures of appropriate chair or examiner or committee members required for all examinations.

	Chair/Examiner	Date
Diagnostic Examination	_____	_____
Candidacy Examination	_____	_____
Oral Dissertation Defense Examination	_____	_____
Research Skills Examination	_____	_____
(Specify Skill)	_____	_____
Foreign Language Skill Examination	_____	_____
(Specify Skill)	_____	_____
Dissertation Prospectus	_____	_____

Remarks: \_\_\_\_\_

Dissertation Title: \_\_\_\_\_

\_\_\_\_\_  
Graduate Program Director

\_\_\_\_\_  
Date