



Office of Graduate Studies  
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 Norfolk, VA 23529  
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Result of Doctoral  
 Examination or Requirement  
 D3

**A separate form shall be submitted immediately following completion of EACH examination/requirement.**

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

\_\_\_\_\_  
 (Student's Name) (UIN)

who is enrolled in the \_\_\_\_\_ program,  
 (title of degree program)

took the examination(s) checked below:

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

	Pass/Fail	Chair/Examiner (Print)	Signature	Date
Diagnostic Examination	_____	_____	_____	_____
Research Skills Examination Specify Skill	_____	_____	_____	_____
Foreign Language Skill Examination	_____	_____	_____	_____
Completion of Course	_____	_____	_____	_____
Candidacy Examination	_____	_____	_____	_____
	Oral _____	Written _____	Both _____	
Dissertation Prospectus	_____	_____	_____	_____
Oral Dissertation Defense Examination	_____	_____	_____	_____

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

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

Committee \_\_\_\_\_  
 \_\_\_\_\_

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

Original: Registrar  
 Copy: Student  
 Committee Chair  
 Graduate Program Director